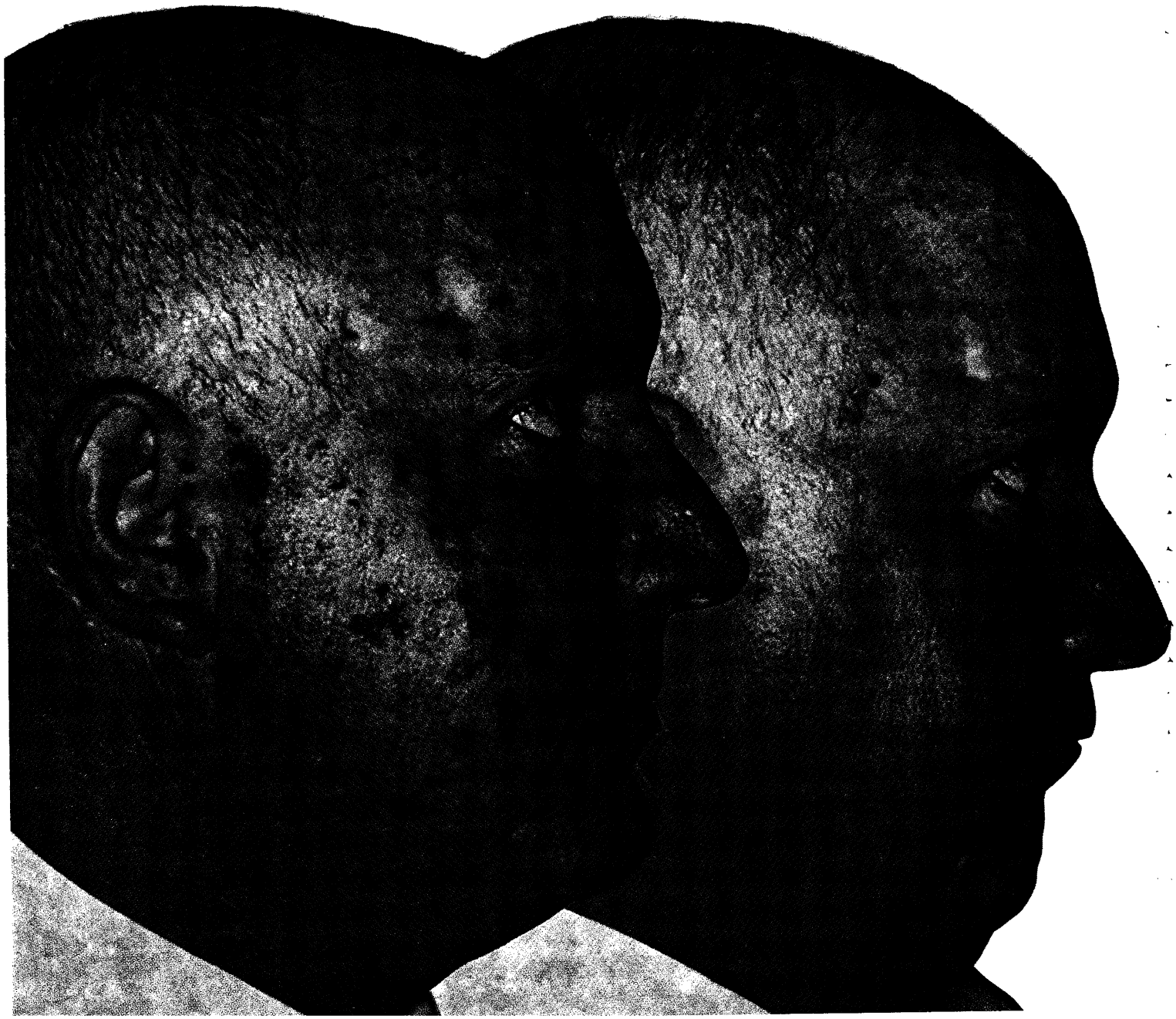
Call it what you will, it may be premalignant...

Before

3/29/67 Before therapy with 5%-FU cream. Patient P. T. shows a moderately severe solar keratotic involvement. Note residual scarring from the previous cryosurgical and electrosurgical procedures on forehead and ridge of nose adjacent to periauricular area.

After

6/12/67 Seven weeks after cessation of therapy. Reactions have subsided. Residual scarring is not seen except for that due to prior surgery. Inflammation has disappeared and face is clear of keratotic lesions.



ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

and Efudex® (fluorouracil) 5% cream can resolve it.

Call it actinic, solar or senile keratoses, many regard it as "precancerous."[1,2]

Topical fluorouracil, considered by some dermatologists to be a major advance in the treatment of multiple solar keratoses,[3,4] offers the physician a relatively inexpensive alternative to cryosurgery, electrodesiccation and cold knife surgery. Of the topical fluorouracils available, only Efudex offers 2% and 5% solution and 5% cream formulations—formulations that have proved effective in the treatment of these mutliple lesions.

Usual duration of therapy, 2 to 4 weeks.

Studies showed that with the 2% and 5% Efudex preparations, the usual duration of therapy was only 2 to 4 weeks.[5] Other studies with topical fluorouracil revealed that when concentrations of less than 2% were used, significant numbers of lesions recurred.[6]

Treats the lesions you can't see, too.

Numerous lesions, not apparent prior to 2% and 5% Efudex therapy, manifested themselves by definite reactions, while intervening skin remained relatively unaffected.[5] The early eradication of these subclinical lesions (which may otherwise have undergone further progression) probably accounts for the reduced incidence of future solar keratoses in patients treated with topical fluorouracil—especially with 5% concentrations.[6]

How to identify solar keratoses.

Typically, the lesion—a flat or slightly elevated brown to red-brown papule—is dry, rough, adherent and sharply defined. Multiple lesions are the rule.

Predictable therapeutic response.

The response to a typical course of Efudex therapy is usually characteristic and predictable. After 3 or 4 days of treatment, erythema begins to appear in the area of keratoses. This is followed by a moderate to intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of this response generally occurs two weeks after the start of therapy and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. Lesions that do not respond should be biopsied.

References: 1. Allen, A. C.: *The Skin, A Clinicopathological Treatise*, ed. 2, New York, Grune & Stratton, 1967, p. 842. 2. Dillaha, C. J.; Jansen, G. T. and Honeycutt, W. M.: "Treatment of Actinic Keratoses with Topical Fluorouracil," in Waisman, M. (ed.): *Pharmaceutical Therapeutics in Dermatology*, Springfield, Ill., Charles C Thomas, 1968, p. 92. 3. Belisario, J. C.: *Cutis, 6*:293, 1970. 4. Sams, W. M.: *Arch. Derm., 97*:14, 1968. 5. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey. 6. Williams, A. C., and Klein, E.: *Cancer, 25*:450, 1970.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

now
Efudex®
(fluorouracil)
cream/solution

psychic stress and somatic symptoms

The intertwining of psychic stress and somatic symptoms often confuses and distorts the patient's clinical profile. Sinequan (doxepin HCl) can help clarify the origin of somatic symptoms by relieving the causative, or accompanying, psychoneurotic anxiety and depression.

Sinequan®
DOXEPIN HCl

Starting dosage:
25 mg. t.i.d.
for mild to moderate
symptomatology

The tranquilizer that is an antidepressant. The antidepressant that is a tranquilizer.

BRIEF SUMMARY
Sinequan (doxepin HCl) **Capsules**
Contraindications. Sinequan (doxepin HCl) is contraindicated in individuals who have shown hypersensitivity to the drug.

Sinequan (doxepin HCl) is contraindicated in patients with glaucoma or a tendency to urinary retention.

Warnings. *Usage in Pregnancy:* Sinequan (doxepin HCl) has not been studied in the pregnant patient. It should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of Sinequan (doxepin HCl) in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors: Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with Sinequan (doxepin HCl). The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Precautions. Since drowsiness may occur with the use of this drug, patients should be warned of that possibility and cautioned against driving a car or operating dangerous machinery while taking this drug.

Patients should also be cautioned that their response to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy.

Although Sinequan (doxepin HCl) has significant tranquilizing activity, the possibility of activation of psychotic symptoms should be kept in mind.

Other structurally related psychotherapeutic agents (e.g., iminodibenzyls and dibenzocycloheptenes) are capable of blocking the effects of guanethidine and similarly acting compounds in both the animal and man. Sinequan (doxepin HCl), however, does not show this effect in animals. At the usual clinical dosage, 75 to 150 mg. per day, Sinequan (doxepin HCl) can be given concomitantly with guanethidine and related compounds without blocking the antihypertensive effect. At doses of 300 mg. per day or above, Sinequan (doxepin HCl) does exert a significant blocking effect. In addition, Sinequan (doxepin HCl) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of tachycardia seen clinically.

Adverse Reactions. *Anticholinergic Effects:* Dry mouth, blurred vision, and constipation have been reported. They are usually mild, and often subside with continued therapy or reduction of dose.

Central Nervous System Effects: Drowsiness has been observed. This usually occurs early in the course of treatment, and tends to disappear as therapy is continued.

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported side effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.i.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients an initial dose of 50 mg. t.i.d. may be required with subsequent gradual increase to 300 mg./day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg./day.

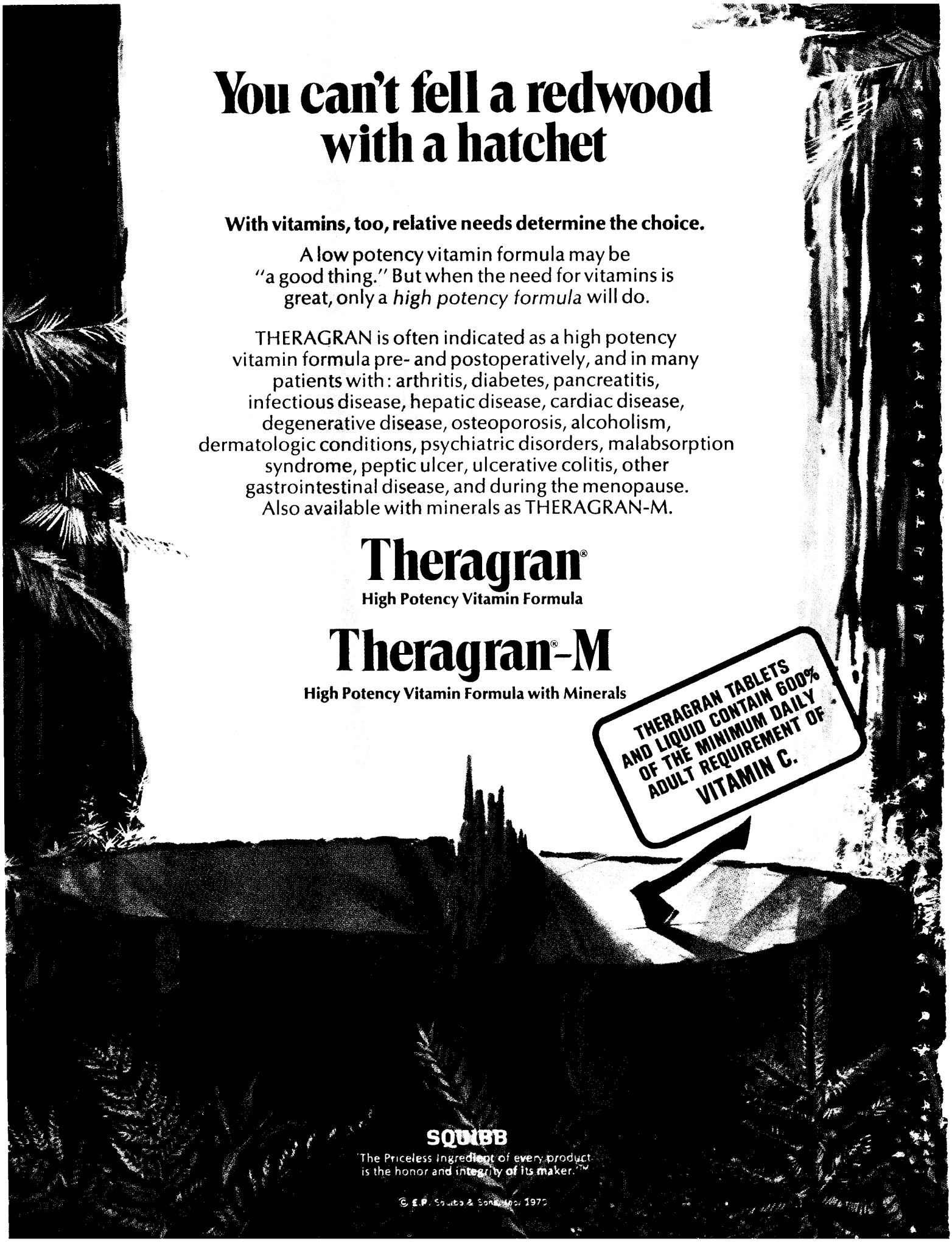
In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

Supply. Sinequan (doxepin HCl) is available as capsules containing doxepin HCl equivalent to 10 mg., 25 mg., and 50 mg. of doxepin in bottles of 100; and 25 mg. and 50 mg. in bottles of 1000.

More detailed professional information available on request.

Pfizer **LABORATORIES DIVISION**
PFIZER INC., NEW YORK, N.Y. 10017


You can't fell a redwood with a hatchet
With vitamins, too, relative needs determine the choice.
A low potency vitamin formula may be "a good thing." But when the need for vitamins is great, only a high potency formula will do.
THERAGRAN is often indicated as a high potency vitamin formula pre- and postoperatively, and in many patients with: arthritis, diabetes, pancreatitis, infectious disease, hepatic disease, cardiac disease, degenerative disease, osteoporosis, alcoholism, dermatologic conditions, psychiatric disorders, malabsorption syndrome, peptic ulcer, ulcerative colitis, other gastrointestinal disease, and during the menopause. Also available with minerals as THERAGRAN-M.
Theragran®
High Potency Vitamin Formula
Theragran®-M
High Potency Vitamin Formula with Minerals
THERAGRAN TABLETS AND LIQUID CONTAIN 600% OF THE MINIMUM DAILY ADULT REQUIREMENT OF VITAMIN C.
SQUIBB
The Priceless Ingredient of every product is the honor and integrity of its maker.™
© E.R. Squibb & Sons, Inc. 1973

in cardiac edema

Dyazide®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

gets the water out

spares the potassium

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome, late pregnancy; also steroid-induced and idiopathic edema, and edema resistant to other diuretic therapy. 'Dyazide' is also indicated in the treatment of mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: **Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired.** Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—they can both cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

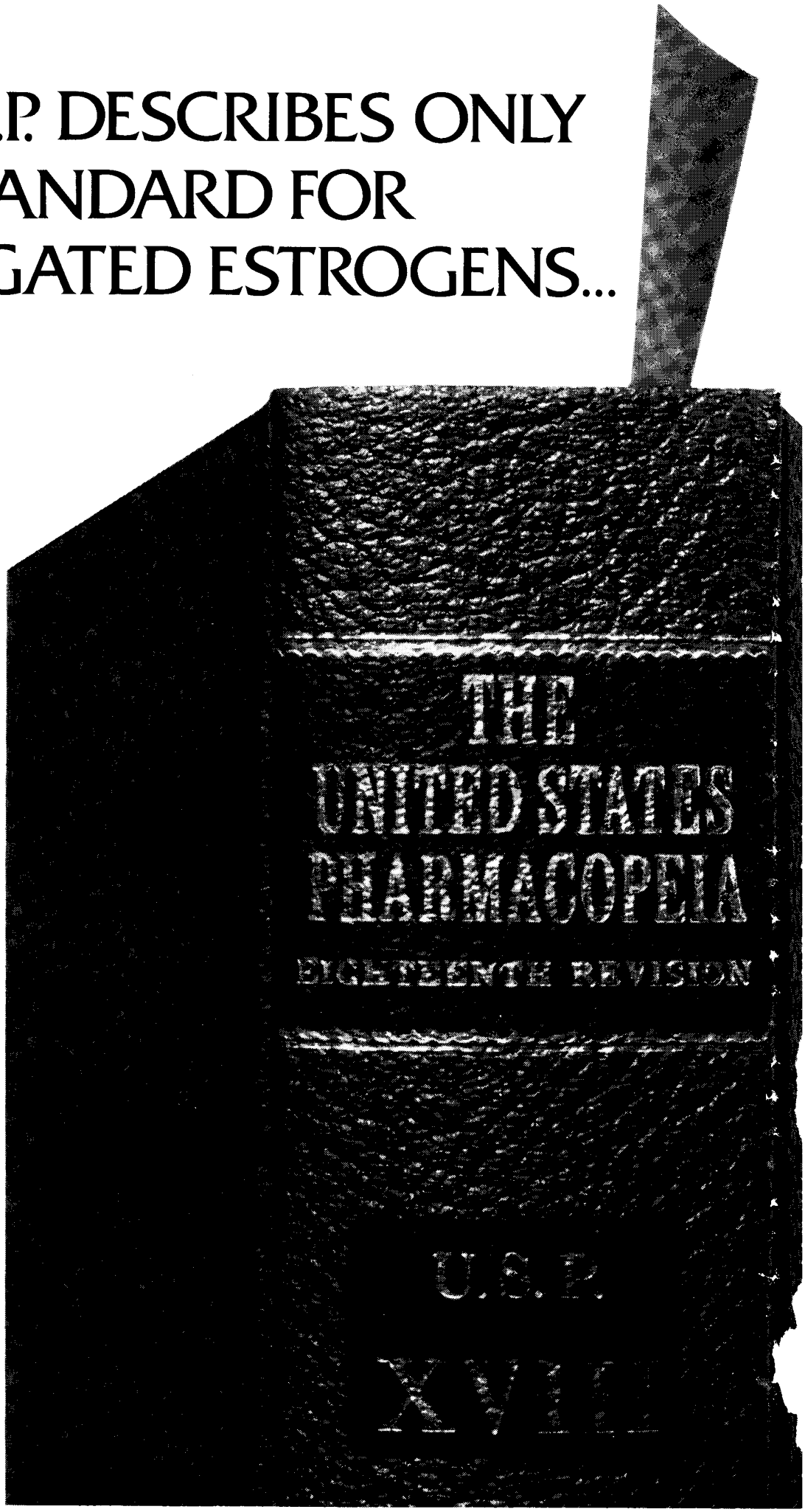
Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

SK&F

SK&F Co., Carolina, P.R. 00630
a subsidiary of Smith Kline & French Laboratories

THE U.S.P. DESCRIBES ONLY ONE STANDARD FOR CONJUGATED ESTROGENS...



...THE PREMARIN® STANDARD
(CONJUGATED ESTROGENS TABLETS, U.S.P.)

In the latest edition of the United States Pharmacopeia—*an "official compendium" of drug potency, quality, and purity*—there is now a clear distinction made between conjugated estrogens and other estrogens. And of the leading estrogen preparations available today, PREMARIN is the only one whose composition meets all of the U.S.P. specifications for conjugated estrogens.

We're of course gratified that the United States Pharmacopeia has included conjugated estrogens in the U.S.P. XVIII, and that PREMARIN meets the U.S.P. standard for conjugated estrogens. But, above and beyond meeting all of the U.S.P. specifications, PREMARIN continues to be manufactured with natural estrogens exclusively and contains no synthetic supplement.

For more than 28 years it has been manufactured under the strictest quality control to assure consistency in product potency, activity and stability. For more than 28 years it has been the research standard in its field. For more than 28 years it has been the most widely prescribed agent of its kind.

PREMARIN. Assurance of quality for you and your patients.

BRIEF SUMMARY
(For full prescribing information, see package circular.)
PREMARIN® (Conjugated Estrogens Tablets, U.S.P.)
Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.
Precautions: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

Failure to control breakthrough bleeding or unexpected recurrence is an indication for curettage.

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.
Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)

Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular level.

Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (*e.g.* atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.

Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.
How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.). No. 865—Each *purple* tablet contains 2.5 mg. No. 866—Each *yellow* tablet contains 1.25 mg. No. 867—Each *red* tablet contains 0.625 mg. No. 868—Each *green* tablet contains 0.3 mg.

Bottles of 100 and 1,000. The 1.25 mg. potency also available in unit dose package of 100.

AYERST LABORATORIES
New York, N.Y. 10017
Ayerst.

7149

PREMARIN® (Conjugated Estrogens Tablets, U.S.P.) continues as the standard for conjugated estrogen therapy

Versapen®
(hetacillin)

Once in the patient's body, it rapidly hydrolyzes into ampicillin.

IS IT JUST AN AMPICILLIN?

Extensive clinical experience has shown that this ampicillin derivative offers unique advantages over the ampicillin you may be presently prescribing:

1/ A uniform adult and a uniform pediatric dosage in all mild-to-moderate infections due to susceptible organisms—respiratory, genitourinary, G.I., skin and soft tissue.
Adults: 225 mg. q.i.d.
Children: 10 mg./lb./day in 4 equally divided doses.
The recommended dosage for Versapen (hetacillin) does not depend on site of infection, but on severity. Therefore, in mild-to-moderate infections due to susceptible organisms, you can prescribe Versapen (hetacillin) for the genitourinary tract at the same dose recommended for the respiratory tract. Or any other infection site.

2/ A low dosage for mild-to-moderate genitourinary infections due to susceptible organisms.

3/ A low dosage for mild-to-moderate pediatric infections due to susceptible organisms.

4/ Parenteral forms remain stable up to six hours after reconstitution with sterile water ...longer than any ampicillin.

5/ Lower patient cost. Inherent with lower dosages for many indications is the benefit of lower cost to the patient. And, in these many instances, Versapen is significantly more economical to the patient than ampicillin brands.

Side Effects. As with any penicillin serious allergic reactions, including anaphylaxis, can occur. The type of side effects most frequently encountered are the same as with ampicillin, namely: diarrhea, loose stools, rash and nausea.
Please see next page for brief summary of prescribing information.

BRISTOL

Versapen® (hetacillin)
Versapen®-K (potassium hetacillin)

■ Versatile dosage forms...for all patients...of all ages. ■ A uniform adult and a uniform pediatric dosage for all susceptible mild-to-moderate infections...respiratory, genitourinary, G.I., skin and soft tissue. Recommended dosage varies with severity, not site, of infection. ■ Parenteral forms remain stable up to six hours after reconstitution with sterile water ...longer than any ampicillin. ■ Economical therapy.

BRIEF SUMMARY OF PRESCRIBING INFORMATION
(A) 12/28/70
For complete information, consult Official Package Circular.

Actions: Hetacillin provides bactericidal levels of ampicillin but has no antibacterial activity itself. It hydrolyzes to ampicillin and has a half-life of 20 minutes at pH 7.1.

Indications: Hetacillin is indicated in the treatment of susceptible strains of the following organisms in the diseases listed. Bacteriology studies to determine the causative organisms and their sensitivity should be performed. Therapy may be instituted prior to obtaining results of sensitivity testing.

Group A beta-hemolytic Streptococcus: Tonsillitis, pharyngitis, otitis media, skin and soft tissue infections.

Diplococcus pneumoniae: Broncho- and lobar pneumonia, otitis media.

Nonpenicillinase-producing *Staphylococcus aureus:* skin and soft tissue infections, otitis media.

H. influenzae: Bronchitis and bronchopneumonia.

Escherichia coli: Cystitis, pyelonephritis, prostatitis/urethritis, skin and soft tissue infections.

Proteus mirabilis: Cystitis, pyelonephritis, skin and soft tissue infections.

Enterococcus (*Streptococcus faecalis*): Cystitis, pyelonephritis, prostatitis/urethritis.

Shigella species: Shigellosis.

Salmonella species: Salmonellosis (parenteral only).

Indicated surgical procedures should be performed.

Use parenteral drug only in severe infections or in patients unable to take oral medications.

Contraindications: A history of allergic reactions to penicillins or lidocaine.

Warning: Anaphylaxis may occur, particularly after parenteral administration and especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic or anaphylactic reaction occurs, discontinue hetacillin and institute appropriate treatment.

Usage in Pregnancy: Safety for use in pregnancy is not established.

Precautions: Mycotic or bacterial superinfections may occur. Assess renal, hepatic and hematopoietic function periodically during long-term therapy. Because intravenous administration of potassium hetacillin in doses in excess of 5 mg./Kg. has been noted to enhance the vasopressor effect of epinephrine in dogs, precautions should be taken with patients receiving epinephrine concurrently.

Adverse Reactions: Untoward reactions include: Glossitis, stomatitis, black "hairy" tongue, nausea, vomiting and diarrhea, skin rashes, urticaria, exfoliative dermatitis, erythema multiforme and anaphylaxis (usually with parenteral administration). Anemia, thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, and agranulocytosis have been noted, are usually reversible and are believed to be hypersensitivity phenomena.

Elevations in one or more liver function tests have been reported without any evidence of hepatic toxicity.

Local reactions: Thrombophlebitis at the site of intravenous injection has been reported.

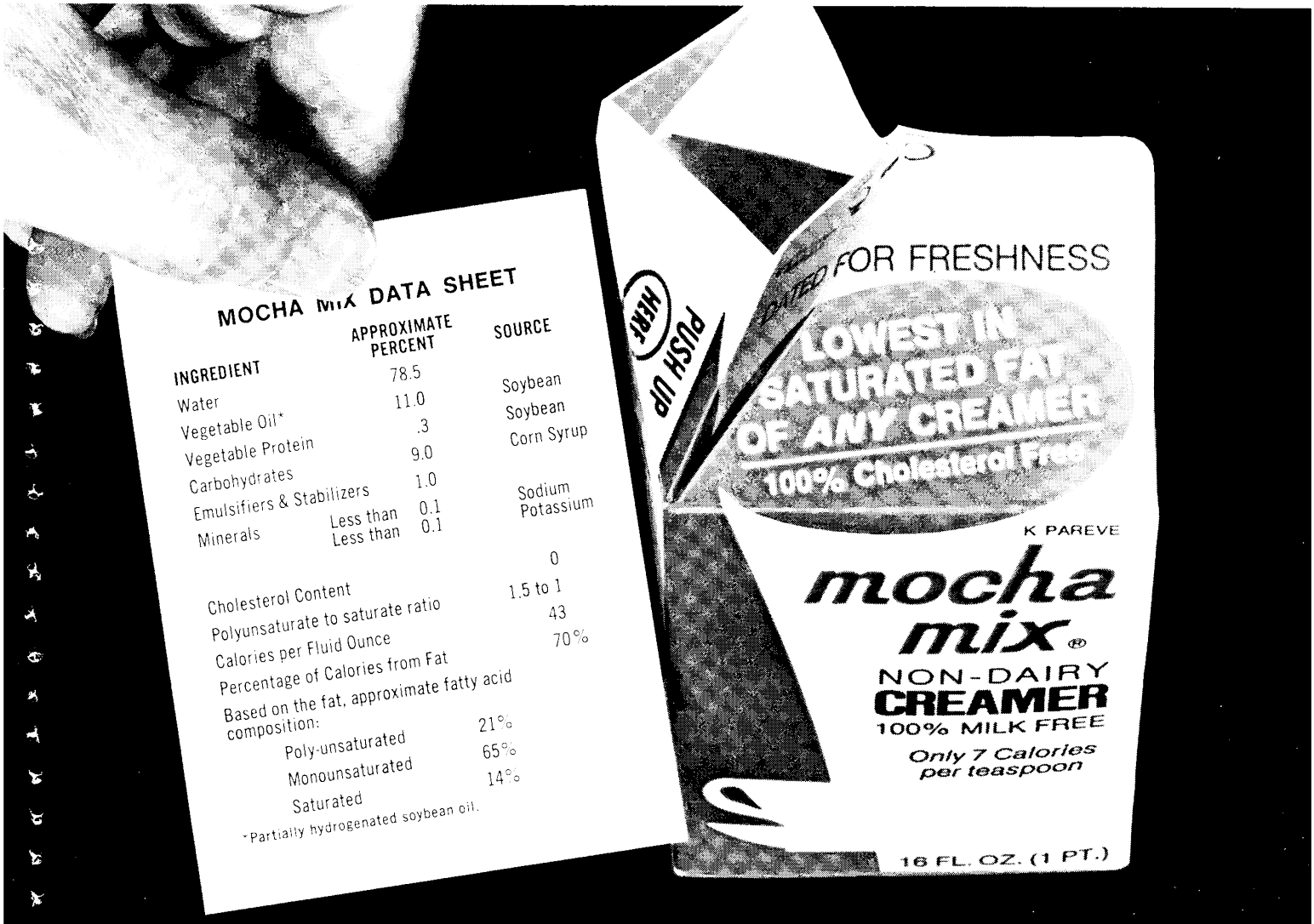
Usual Dosage: Patients weighing 90 lbs. or more: 225 mg. q.i.d. Patients weighing less than 90 lbs.: 2.5 mg./lb. q.i.d.

Group A beta-hemolytic streptococcal infections should be treated for at least 10 days. Administer oral preparations in a fasting state to insure maximum absorption.

Recommended dosages (expressed in terms of ampicillin activity) in susceptible mild-to-moderate infections*		
Versapen® (hetacillin) **112.5 mg.**	Chewable Tablets	*Usual pediatric dosage:* 10 mg./lb./day in 4 equally divided doses. For a 45 lb. child: one tablet *q.i.d.*
	Oral Suspension (112.5 mg./5 ml.)	*Usual pediatric dosage:* 10 mg./lb./day in 4 equally divided doses. For a 45 lb. child: 1 tsp. *q.i.d.* Available in 40 ml., 80 ml., and new 100 ml. bottles.
	Pediatric Drops (112.5 mg./ml.)	*Usual dosage:* 10 mg./lb./day in 4 equally divided doses. For a 10 lb. child: ¼ dropper *q.i.d.* Available in 10 ml. bottles.
Versapen®-K (potassium hetacillin) **225 mg.**	Capsules	*Usual adult dosage:* one 225 mg. capsule *q.i.d.*
	I.V. I.M. with Lidocaine HCl (20 mg./vial)	*For patients weighing 90 lbs. or more:* 225 mg. *q.i.d.* *For patients weighing less than 90 lbs.:* 10 mg./lb./day in 4 equally divided doses.

*For severe infections—Adults: 450 mg. *q.i.d.* Children up to 90 lbs.: 20 mg./lb./day in 4 equally divided doses. Very serious infections may require very high doses and prolonged therapy. *Note:* Versapen® has been issued Patent No. 3198804.

BRISTOL BRISTOL LABORATORIES/Division of Bristol-Myers Company/Syracuse, New York 13201



Mocha Mix® presents its credentials:

Study them. Note how low Mocha Mix® is in saturated fat. (Actually the lowest of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee . . . on cereal, fruit or desserts . . . or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

In addition to the 16 oz. size found in the dairy case of most grocery stores, Mocha Mix is available in larger sizes and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P.O. Box No. 21908, Los Angeles, Calif. 90021

mocha mix® . . . the non-dairy creamer that's lowest in saturated fat!

Change this word in your vocabulary and your patient will get an Upjohn product and a low price.

E-Mycin® available in 250 mg tablets.

The Upjohn Company
Kalamazoo, Michigan 49001

Upjohn

Additional information available to the profession on request.

Eli Lilly and Company • Indianapolis, Indiana 46206

101488

Triaminic®

phenylpropanolamine hydrochloride, pyrilamine maleate, pheniramine maleate

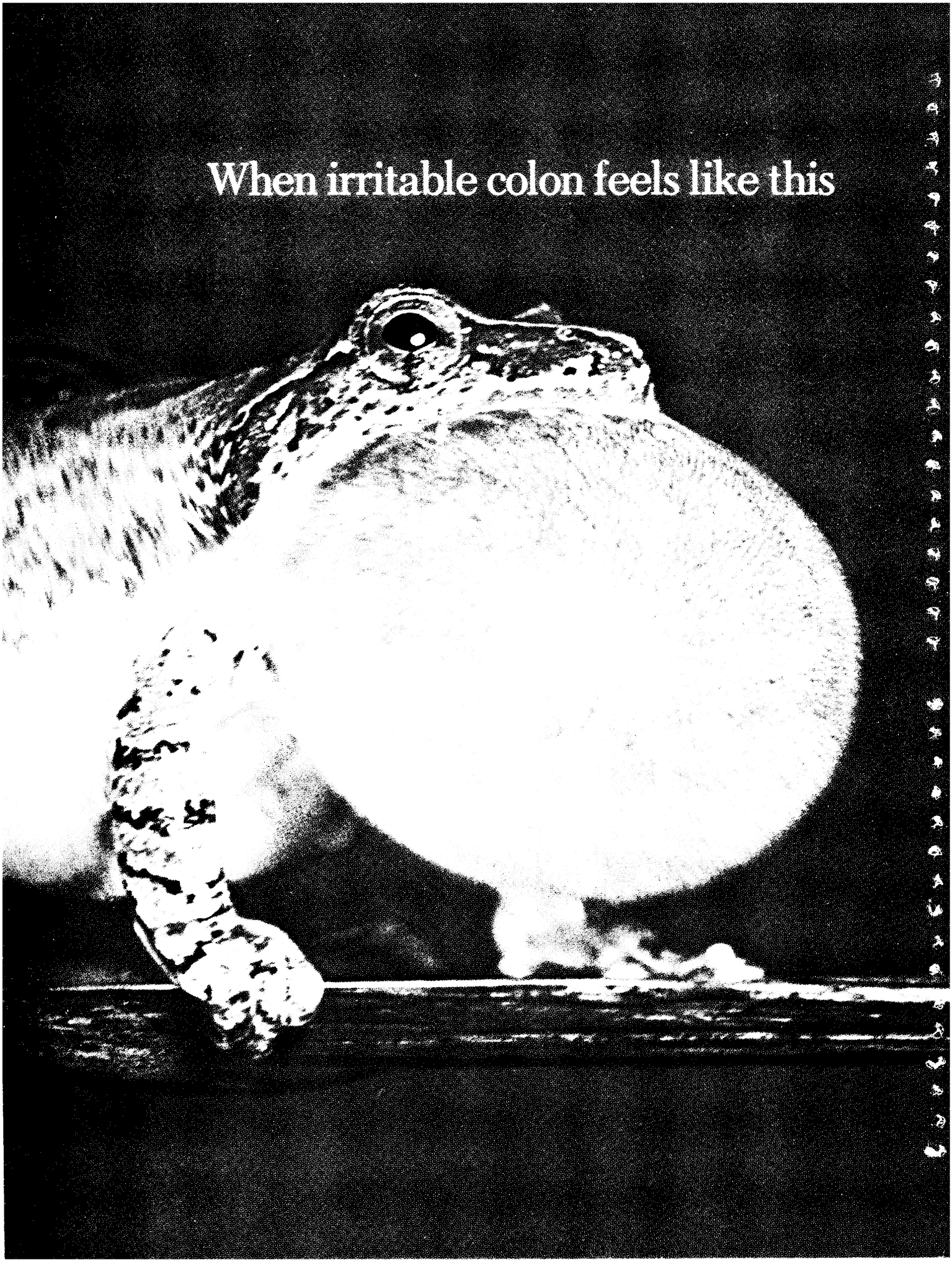
"the Sunshine Tablet"

Formula: Each timed-release tablet contains phenylpropanolamine hydrochloride, 50 mg.; pyrilamine maleate, 25 mg.; pheniramine maleate, 25 mg. **Indications:** Relief from such symptoms as nasal congestion, profuse nasal discharge and postnasal drip associated with colds, nasal allergies, sinusitis and rhinitis. **Precautions:** Patients should not drive a car or operate dangerous machinery if drowsiness occurs. Use with caution in the presence of hypertension, hyperthyroidism, cardiovascular disease, or diabetes. **Side Effects:** Occasional drowsiness, blurred vision, cardiac palpitations, flushing, dizziness, nervousness or gastrointestinal upsets. **Dosage:** Adults—one tablet swallowed whole, in morning, midafternoon and before retiring. **Availability:** In bottles of 100, 250.

Rx ONLY

Dorsey Laboratories, Lincoln, Nebraska, 68501

When irritable colon feels like this



...in the presence of spasm or hypermotility, gas distension and discomfort, **KINESED®** provides more complete relief:

- ☐ **belladonna alkaloids—for the hyperactive bowel**
- ☐ **simethicone—for accompanying distension and pain due to gas**
- ☐ **phenobarbital—for associated anxiety and tension**

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.
Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek **kinetikos,**
to move,
and the Latin **sedatus,**
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.

DISTAL EARLY WARNING:

MILD CALF PAIN

It may not seem much, just a few twinges in the calf during or at the end of a walk.

Not much yet, but it may be the beginning of mild intermittent claudication — an early sign of peripheral vascular disease.

Early diagnosis can mean more viable smooth musculature more capable of responding to the direct vasodilating action of Cyclospasmol.

A program of progressive walking exercise, cessation of smoking, foot care, proper diet and Cyclospasmol can be of long-term value to many patients with early peripheral vascular disease.

New "Why Walking Is Important To You" Pads are available to help patients follow your instructions and to keep a record of their walking activity. These records, examined periodically, can help you to evaluate their progress on Cyclospasmol therapy. Ask your Ives Representative for these or other patient aids, or write to Ives Laboratories Inc.

Before arteriosclerosis obliterans becomes painfully evident

CYCLOSPASMOL® [cyclandelate] 200 mg. Capsules

For long-term enhancement of peripheral circulation

ACTIONS: Cyclospasmol (cyclandelate) is an orally-acting vasodilator. Cyclandelate is musculotropic, acting directly on vascular smooth muscle, and has no significant adrenergic stimulating or blocking actions.

The drug is not intended to substitute for other appropriate medical or surgical programs in the treatment of peripheral or cerebral vascular disease. **INDICATIONS:** For adjunctive therapy in intermittent claudication; arteriosclerosis obliterans; thrombophlebitis (to control associated vasospasm and muscular ischemia); nocturnal leg cramps; Raynaud's phenomenon and for selected cases of ischemic cerebral vascular disease. **CONTRAINDICATIONS:** Cyclospasmol is contraindicated in cases of known hypersensitivity to the drug. **WARNINGS: 1.** Cyclandelate should be used with extreme caution in patients with severe obliterative coronary artery or cerebral vascular disease, since there is a possibility that these diseased areas may be compromised by vasodilatory effects of the drug elsewhere. **2. USE IN PREGNANCY:** The safety of cyclandelate for use during pregnancy or lactation has not been established; therefore, it should not be used in pregnant women or in women of childbearing age unless, in the judgment of the physician, its use is deemed absolutely essential to the welfare of the patient. **3.** Although no prolongation of bleeding time has been demonstrated in humans in therapeutic dosages, it has been demonstrated in animals at very large doses. Therefore, the hazard of a prolonged bleeding time should be carefully considered when administering cyclandelate to a patient with active bleeding or a bleeding tendency **PRECAUTIONS:** Since Cyclospasmol is a vasodilator, it should be used with caution in patients having glaucoma. Consult direction circular before prescribing. **ADVERSE REACTIONS:** Gastrointestinal distress (pyrosis, pain and eructation) may occur with Cyclospasmol. These symptoms occur infrequently and are usually mild. Relief can often be obtained by taking the medication with meals or by the concomitant use of antacids. Mild flush, headache, feeling of weakness or tachycardia may occur, especially during the first weeks of administration. **SUPPLIED:** 200 mg. blue capsules in bottles of 100 and 500; 100 mg. orange tablets in bottles of 100 and 500.

May we send you reprints, detailed literature or professional samples?

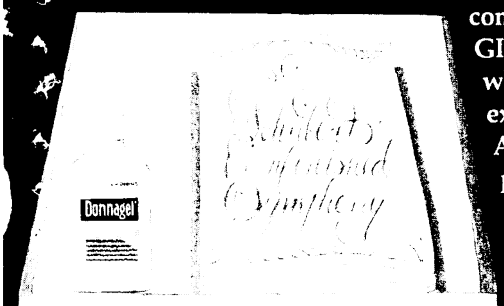
IVES LABORATORIES INC.
685 Third Avenue,
New York, N.Y. 10017

Dedicated to improving the quality of life, through Medicine Ives®

The concert was just underway,
When to the conductor's dismay
Cramps and diarrhea,
Did so quickly appear,
The maestro no longer could stay.

Because diarrhea with cramping, nausea, and painful straining can strike at the most inopportune time, it takes a comprehensive agent to treat the total diarrheal syndrome and help get the patient back on the job. That's why so many physicians rely on Donnagel, especially during the fall and winter months when "flu" and viral gastroenteritis usually hit their peak.

Donnagel is much more than just a simple kaolin-pectin combination. It also contains the belladonna alkaloids to calm GI hypermotility and help relieve the distressing discomforts which so often accompany diarrhea. Certainly it's less expensive and more convenient than taking two medications. And the dosage is lower too. Available in the handy 4-oz. plastic bottle at pharmacies everywhere on your prescription or recommendation.



When diarrhea and its discomforts separate a man from his job . . .

Donnagel®

Each fluid ounce contains: Kaolin, 6 g.; Pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Sodium benzoate (preservative), 60 mg.; Alcohol, 3.8%.

A-H-ROBINS

A. H. Robins Company,
1407 Cummings Drive,
Richmond, Va. 23220


Coughs are back...
4 FL. OZ.
A.H. ROBINS
Robitussin
EXPECTORANT
KEEP THIS AND ALL MEDICINES OUT OF REACH OF CHILDREN
EXPECTORANT, ANTIHISTAMINIC, COUGH SUPPRESSANT
Robitussin-DM
EXPECTORANT
COUGH SUPPRESSANT
4 FL. OZ.
Cough Drops

clear the tract with the

Robitussin® Line

The coughing season is here again. Time to rely on the four Robitussins and Cough Calmers to help clear the lower respiratory tract. All contain glyceryl guaiacolate, the efficient expectorant that works systemically to help increase the output of lower respiratory tract fluid. The enhanced flow of less viscid secretions soothes the tracheobronchial mucosa, promotes ciliary action, and makes thick, inspissated mucus less viscid and easier to raise. Available on your prescription or recommendation.

For coughs of colds and "flu"

Robitussin®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Alcohol, 3.5%	

For unproductive allergic coughs

Robitussin A-C®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Pheniramine maleate	7.5 mg.
Codeine phosphate	10.0 mg.
(warning: may be habit forming)	
Alcohol, 3.5%	

Non-narcotic for 6-8 hr. cough control

Robitussin-DM®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Dextromethorphan hydrobromide	15.0 mg.
Alcohol, 1.4%	

Clears sinuses and nasal stuffiness as it relieves cough

Robitussin-PE®

Each 5 cc. contains:

Glyceryl guaiacolate	100.0 mg.
Phenylephrine hydrochloride	10.0 mg.
Alcohol, 1.4%	

Robitussin-DM in solid form for "coughs on the go"

Cough Calmers®

Each Cough Calmer contains:

Glyceryl guaiacolate	50.0 mg.
Dextromethorphan hydrobromide	7.5 mg.

Select the Robitussin®"Clear-Tract" Formulation That Treats Your Patient's Individual Coughing Needs:

Robitussin® extra benefit chart

All 5 Robitussins have an EXPECTORANT-DEMULCENT action. Keep this handy chart as a guide in selecting the formula that provides the *extra* benefits you want for your patient.

	Cough Suppressant	Antihistamine	Long-Acting (6-8 hours)	Nasal, Sinus Decongestant	Non-Narcotic
ROBITUSSIN®					●
ROBITUSSIN A-C®	●	●			
ROBITUSSIN-DM®	●		●		●
ROBITUSSIN-PE®				●	●
COUGH CALMERS®	■		■		■

A. H. Robins Company, Richmond, Va. 23220 A-H-ROBINS


For the prevention of the gripping pain of angina
Peritrate® SA
Sustained Action (pentaerythritol tetranitrate) 80 mg
A logical choice for the "new" patient with angina pectoris.
See full prescribing information on opposite page.

CLASSIFIED ADVERTISEMENTS

Rates for each insertion are $15 for fifty words or less; additional words 15 cents each; Box number charge: $1.50. Classified display rates $25.00 per inch.

Copy for classified advertisements should be received not later than *the tenth of the month preceding issue.* • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the rules of the Advertising Committee.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

PHYSICIANS WANTED

ATTENDING PHYSICIAN under 45 years of age for Student Health Service—$25,000 1 year with 6 weeks summer vacation. San Francisco Bay Area. Please give qualifications. Box 9273, Calif. Med.

GENERAL SURGERY RESIDENCY—Approved first-year residency in general surgery in large private hospital with university affiliation. Internship completely filled. Active clinic service and all of our prior residents have obtained excellent positions in their desired specialty. Center of Los Angeles with housing available. $1,138 per month. May begin at any time after July 1, 1971. Box 9271, Calif. Med.

OB-GYN RESIDENCE. Unexpected opening for one first-year position available immediately in three-year, fully approved Ob-Gyn Program. County Hospital, 280 beds, in California's Central Valley. Busy OB and GYN services. Six months of first year spent in OB rotation at the University of California, San Francisco. Located in city of 100,000, near extensive California Delta waterways, 1½ hours from San Francisco and 2½ hours from Lake Tahoe and Yosemite. Residences in all major specialties filed. 20 rotating interns. Teaching from regular attending OB-GYN specialists and visiting professors from the University of California (Davis and San Francisco). Salary: $10,836 to $12,336. Contact J. D. Benard, Director of Medical Education, San Joaquin General Hospital, P.O. Box 1020, Stockton, Ca. 95201. Phone (209) 982-1800.

DIRECTOR OF ANESTHESIOLOGY SERVICES—A medical anesthesiologist is needed to be director of anesthesiology services. Opening of a new surgical department at Miller-Dwan Hospital and Medical Center, Duluth, Minnesota. Special considerations will be given depending upon the interest of the anesthesiologist in the areas of respiratory therapy training and research programs. The hospital is nearing completion of a seven million dollar construction program. No O.B. or Emergency Room work load. Opportunity to coordinate vacation, educational meeting coverage with other local hospital groups. Duluth is a medical center of 100,000 serving four states and Canada. The area is famous for skiing, hunting, fishing, with outdoor activities within minutes of your home. New University of Minnesota Duluth Medical School to begin in 1972. Please contact Mr. James Knoble, Administrator, at 502 East 2nd Street, Duluth, Minnesota 55805, or call collect (218,727-8762).

WANTED—YOUNG, FULL-TIME PHYSICIAN for Emergency Department 36,000 visits/yr. Residency and/or practice experience beyond internship prerequisite. Contact E. M. Pflueger, M.D., Director, Emergency Dept., San Jose Hospitals & Health Center, Inc., 675 East Santa Clara Street, San Jose, Ca. 95114. (408) 292-3212.

EMERGENCY ROOM PHYSICIANS: Kern General Hospital, Bakersfield, California, 396-bed county/community hospital, with UCLA association; 40-hour week, some shift work may be required; near major resorts with excellent fishing, hunting, and skiing; easily accessible to Los Angeles and San Francisco; California license required; salary $20 per hour. Openings available October 1, 1971. For information write or visit Director of Surgery, 1830 Flower, Bakersfield, Ca. (805) 323-7651.

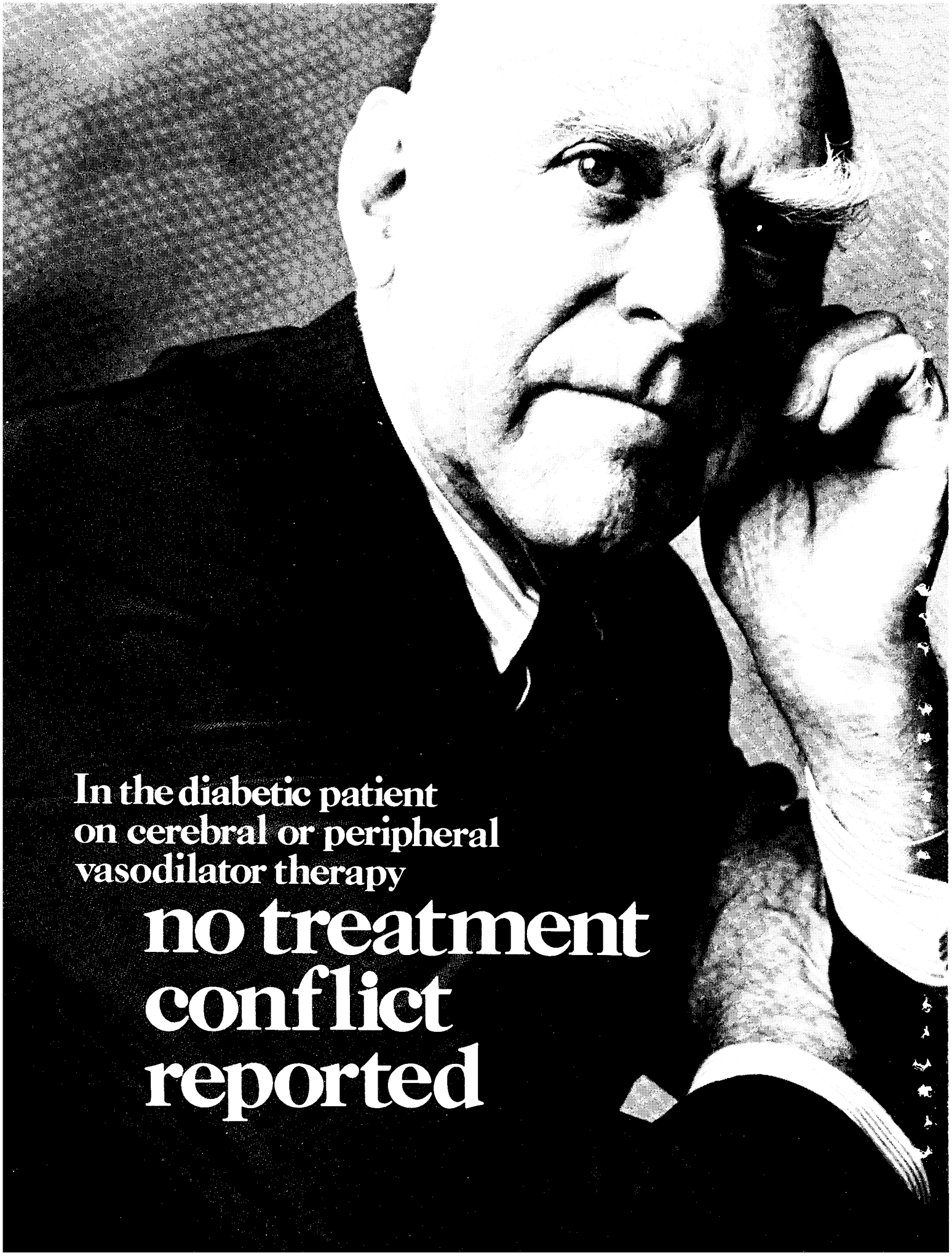
GP FOR EXPANDING MEDICAL GROUP—Immediate openings available. Los Angeles and Orange County, Long Beach area. Full or part time. Hours flexible. Top salary plus partnership plus fringe benefits. Call or write Roy Stambaugh, M.D., 1880 Century Park East, Suite 1608 Los Angeles, Calif. 90067, (213) 553-6660.

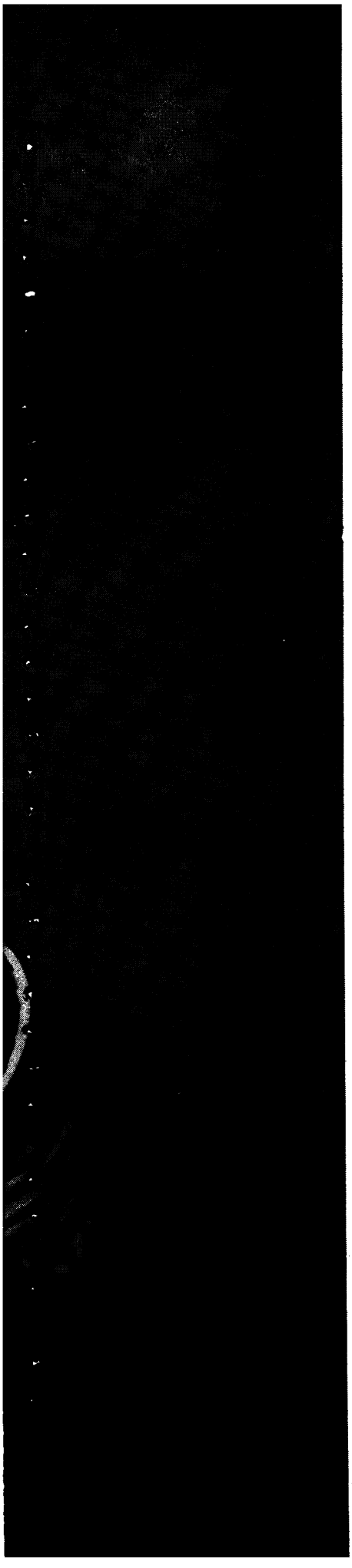
STAFF VACANCIES EXIST—INTERNIST OR G.P.—425 bed accredited general hospital, Veterans home, Yountville, Ca. 94599. Contact Manager.

INTERNIST to join active medical service in a small GM&S hospital. Outstanding community to live in and raise a family. Contact Fred W. Nolan, Chief of Staff, Veterans Administration Center, Boise, Idaho 83707. Tele: (208) 342-3681.

ASSOCIATE MEDICAL DIRECTOR—Major urban hospital with Medical School affiliation, seeks physician to assist Medical Director in planning and directing the medical services and the medical care program. Will assume direct-line responsibility for various clinical services. Other responsibilities include providing administrative liaison to clinical department directors, community health care agencies and other medical Center services. Associate Director will also act for Medical Director in his absence. Requires Board Certification and administrative experience. For further information, contact: Herman W. Rannels, M.D., Medical Director, Orange County Medical Center, 101 So. Manchester Ave., Orange, Ca. 92668 (714) 633-9393. An equal opportunity employer.

(Continued on page 26)


In the diabetic patient
on cerebral or peripheral
vasodilator therapy
no treatment
conflict
reported



VASODILAN®
(ISOXSUPRINE HCl)
the compatible vasodilator

- no interference with diabetic control ...does not alter carbohydrate metabolism.[1]
- conflicts have not been reported with diuretics, corticosteroids, antihypertensives or miotics.
- complications in the treatment of coronary insufficiency, hypertension, peptic ulcer, glaucoma and liver disease have not been reported.

In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators[2-5] have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement[3,5] and observation of clinical improvement.[2,4]
Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebitic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg, and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories.

References: (1) Samuels, S. S., and Shaftel, H. E.: J. Indiana Med. Ass. *54*:1021-1023 (July) 1961. (2) Clarkson, I. S., and LePere, D. M.: Angiology *11*:190-192 (June) 1960. (3) Horton, G. E., and Johnson, P. C., Jr.: Angiology *15*:70-74 (Feb.) 1964. (4) Dhrymiotis, A. D., and Whittier, J. R.: Curr. Ther. Res. *4*:124-128 (April) 1962. (5) Whittier, J. R.: Angiology *15*:82-87 (Feb.) 1964.

Mead Johnson LABORATORIES

(Continued from page 23)

GENERAL INTERNIST ASSOCIATE for general surgeon in busy practice. Guaranteed salary and percentage. San Fernando area. Northridge, California. Glen H. Walker, M.D., 8350 Reseda Blvd., Northridge, Ca. 885-6151.

ADULT CARDIOLOGIST—With coronary arteriography experience to join heart team in well established non-university Cardiac Center. Southern California. Center located in population area of 1 million. Contact: Inland Heart Center, St. Bernardine's Hospital, 2101 N. Waterman Avenue, San Bernardino, Calif. 92404. (714) 882-2911.

INTERNIST needed to join long established group of four internists in Pasadena, California. We practice at a large teaching hospital and are all affiliated with University of Southern California School of Medicine. Outstanding private practice opportunity. Excellent time off to enjoy the things California offers because of unique arrangement of our practice. Salary open first year leading to early partnership. If interested, contact Donald S. Moore, M.D., 65 North Madison, Pasadena, Ca. 91101. (213) 796-2661.

PUBLIC HEALTH PHYSICIAN—to serve as a clinic physician with some administrative responsibility in an expanding public health program. Located near famous Monterey Peninsula in a smog-free environment with moderate year-round climate. Prefer Masters in Public Health or one year of experience as a physician in a public health agency. Salary $1,585 to $1,975 per month. Inquire Monterey County Personnel Office, P.O. Box 180, Salinas, Ca. 93901.

ANTIOCH—CONTRA COSTA COUNTY: Congenial group located near San Francisco, seeking GP who has completed military obligation. Predominately office practice with minor surgery (if desired), no obstetric, good hours (40 hour week), limited night calls, annual educational leave and vacation, consults easily accessible, liberal fringe benefits, weekly clinical conference (with specialists). Salary to start, with annual increases leading to partnership (if mutually acceptable). Contact: Carl Andre, M.D. The Permanente Medical Group, 3400 Delta Fair Boulevard, Antioch, Ca. 94509.

INTERNIST OR GP

Our continued expansion has created a new position in our home office for an MD, with or without insurance medicine experience. Please consider these unique advantages enjoyed by our home office medical dept. staff.

Employment Security	**Attractive Income**
Opportunity for Advancement	**Regular Hours (5-Day Week)**
Paid Vacations & Holidays	**Company Paid Retirement Plan**
Complete Insurance Program	**Stock Savings Plan**

Part time service in our large 4,000-employee health Clinic. Company paid professional dues and insurance.

If you are interested in this challenging field of medicine please send a detailed resume to:

James A. Ryan, MD, Medical Director
OCCIDENTAL LIFE INSURANCE CO. OF CAL.
Occidental Center **12th Street at Hill** **Los Angeles 90054**

SITUATIONS WANTED

G.P., age 44, in excellent health, desires position anywhere in California for 9 to 10 months a year. Experienced in all phases of general practice as well as emergency room. Salary negotiable. All replies acknowledged. Box 9281 Calif. Med.

RADIOLOGIST—University trained and Board certified. Interested in rural hospital practice. Trained in vascular procedures, isotopes and therapy. Box 9282 Calif. Med.

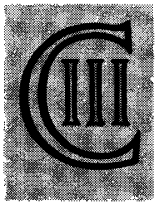
RADIOLOGIST—31, married, board certified/eligible, completes university training June 1972 including special procedures and therapy. Military completed. Special interests in thermography, mammography, and angiography. Barry I. Samuels, M.D. 3326 Sawtelle, #25, Los Angeles, Ca. 90066.

EAST BAY woman physician—24 years experience in clinical pediatrics, is seeking part time work. No nights or weekends. Three years work in MR programs, particularly in the emotionally disturbed. Box 9278 Calif. Med. or call (415) 848-0890.

(Continued on page 32)

Wellcome
Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

A gratifying announcement about Empirin® Compound with Codeine



You may now specify up to five refills within six months when you prescribe Empirin Compound with Codeine (unless restricted by state law).

It is significant in this era of increased regulation, that Empirin Compound with Codeine has been placed in a less restrictive category. You may now wish to consider Empirin with Codeine even more frequently for its predictable analgesia in acute or protracted pain of moderate to severe intensity.

Empirin Compound with Codeine No. 3 contains codeine phosphate* (32.4 mg.) gr. ½. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.

now...

for the stable adult diabetic who needs higher doses of a reliable oral hypoglycemic...

new DBI®-TD 100 mg.

(phenformin HCl)

timed-disintegration capsules

- a higher dosage strength for use in the overweight, maturity-onset diabetic if diet alone fails
- a biguanide...not a sulfonylurea
- new dosage flexibility
- low patient cost

new DBI®-TD 100 mg.
(phenformin HCl)
timed-disintegration capsules

lowers elevated blood sugar

Secondary to its blood sugar lowering effect, DBI-TD probably decreases insulin oversecretion and thus may help reduce lipogenesis and facilitate lipolysis. This may account for the clinically reported reduction in weight and lowering of serum cholesterol levels in the overweight and hypercholesteremic diabetic patient.

usually well tolerated

Mainly gastrointestinal side effects may occur. However, as with many drugs, you should keep in mind that higher dosages may increase the incidence. Hypoglycemic reactions are rare when DBI-TD is used alone.

to prescribe DBI®-TD (phenformin HCl) if diet alone fails specify

DBI-TD 50 mg. for the newly diagnosed overweight, stable adult diabetic
DBI-TD 100 mg. for the overweight, adult-onset diabetic who needs higher doses of a reliable oral hypoglycemic

Indications: Stable adult diabetes mellitus; sulfonylurea failures, primary and secondary. **Contraindications:** Diabetes mellitus that can be regulated by diet alone; juvenile diabetes that is uncomplicated and well regulated on insulin; acute complications of diabetes (metabolic acidosis, coma, infection, gangrene); surgery; severe hepatic disease; renal disease with uremia; cardiovascular collapse, after disease states associated with hypoxemia. **Warning:** Use during pregnancy is to be avoided. Until adequate data on the effects of DBI on the human fetus are available, such use can be considered experimental. **Precautions: Starvation Ketosis,** which must be differentiated from "insulin lack" ketosis, and is characterized by ketonuria in spite of relatively normal blood and urine sugar, may result from excessive DBI therapy, excessive insulin reduction or insufficient carbohydrate intake. Adjustment of DBI-TD or insulin dosage, or supplying carbohydrates, alleviates this state. DO NOT GIVE INSULIN WITHOUT FIRST CHECKING BLOOD AND URINE SUGARS. **Lactic Acidosis:** DBI is not recommended in the presence of azotemia or in any clinical situation that predisposes to sustained hypotension that could lead to lactic acidosis. To differentiate lactic acidosis from ketoacidosis, it is recommended that periodic determinations of ketones in the blood and urine be made in diabetics previously stabilized on DBI, or DBI and insulin, who have become unstable. If electrolyte imbalance is suspected, periodic determinations should also be made of electrolytes, pH and the lactate-pyruvate ratio. DBI should be withdrawn and insulin, when required, and other corrective measures instituted immediately upon the appearance of any metabolic acidosis. **Hypoglycemia:** Although hypoglycemic reactions are rare when DBI is used alone, every precaution should be observed during the dosage adjustment period, particularly when insulin or a sulfonylurea has been given in combination with DBI. **Adverse Reactions:** Principally gastrointestinal, occurring more often at higher dosage levels; unpleasant metallic taste, continuing to anorexia, nausea and, less frequently, vomiting and diarrhea. Reduce dosage at first sign of these symptoms. In case of vomiting, DBI should be immediately withdrawn. Although rare, urticaria and gastrointestinal symptoms following excessive alcohol intake have been reported. **Dosage:** 25 mg.-300 mg. daily. **How Supplied:** 50 mg. timed-disintegration capsules, bottles of 100 and 1000; 100 mg. timed-disintegration capsules, bottles of 100 and 500. **Also Available:** DBI tablets 25 mg., bottles of 100 and 1000.

USV PHARMACEUTICAL CORP., Tuckahoe, New York 10707

USV

Campbell's Soups... wide variety...for limited appetites

Many people lose interest in food as they grow older. Some of them are fussy eaters—with only a few favorite foods. Others become indifferent to foods—because planning and preparing meals becomes a chore. Here Campbell's Soups can help —for these four very good reasons:

Appeal With a variety of tastes, textures, aromas, and colors, Campbell's Soups can add interest and appetite appeal. And they're easy to eat—ingredients are tender, bite-size. Many patients on special diets will find soups they can enjoy among the more than 50 different varieties available.

Nourishment Campbell's Soups contain selected meats and sea foods, best garden vegetables—carefully processed to help retain their natural flavors and nutritive values.

Convenience Within 4 minutes a bowl of delicious soup is heated and ready to eat.

Economy Campbell's Soups are inexpensive—an important consideration to those whose budgets are limited.

Recommend Campbell's Soups . . . and, of course, enjoy them yourself. Remember, *there's a soup for almost every patient and diet . . . and for every meal.*

(Continued from page 26)

ASSOCIATES WANTED

ASSOCIATE IN GENERAL PRACTICE OR INTERNAL MEDICINE—I have modern 2-year-old office, built for 3 men, on grounds of modern 4-year-old hospital with complete facilities and ICU. I am 52, Diplomate of American Board of Family Practice. Woodland, Calif., is in rich Sacramento Valley with excellent general hunting and fishing. Only 20 minutes from Sacramento. (916) 662-8671.

VACATION RENTAL

HAWAIIAN (Hanalei, Kauai) VACATION BEACH HOME for only $500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available September 1971 through May, 1972, inclusive. Weekly rate $150.00. For details, pictures and information write Box 9194 Calif. Med.

PRACTICE FOR SALE

ACTIVE FAMILY PRACTICE, by beautiful Mission Bay in San Diego. Modern 1,200 sq. ft. fully equipped efficient office with X-ray. $60,000 gross practice. Could expand with OB & surgery. $2,000 handles with 3 to 5 yr. lease. Rotate calls 1 in 6 week-ends with other A.A.G.P. members. Disability forces sale. Box 9280 Calif. Med.

PRACTICES WANTED

CALIFORNIA GENERAL and specialty practices wanted. Experienced practice appraisers. Buyers and financing available. Strictly confidential. Nationwide practice brokers. For information, contact Professional Practice Sales, 17802 Irvine Boulevard, Tustin, Ca. (714) 832-0230 or 1428 Irving Street, San Francisco. (415) 661-0608. Other offices in New York, Cleveland, Honolulu, Portland, and Seattle.

MEETINGS

101ST ANNUAL SCIENTIFIC ASSEMBLY of the California Medical Association, February 12-16, 1972. San Francisco Hilton Hotel, Mason and O'Farrell Streets, San Francisco.

OFFICES FOR LEASE, RENT OR SALE

LEASING OFFICE SPACE in new medical-dental building adjacent to Doctors Hospital in Pinole. Ready for occupancy February, 1972. Please call (415) 758-3053.

(Continued on page 40)

INDICATIONS: For night-time, daytime, and preoperative sedation, as well as during first stage of labor.

CONTRAINDICATIONS: Known hypersensitivity to glutethimide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. Do not operate machinery, drive motor vehicle, or engage in activities requiring complete alertness shortly after ingesting drug.

Dosage of coumarin anticoagulants may require adjustments during and on cessation of glutethimide therapy.

Physical and Psychological Dependence: Physical and psychological dependence have occurred. Prescribe cautiously for patients known to take excessive quantities of drugs. Limit repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors, convulsions, and delirium. Newborn infants of mothers dependent on glutethimide may also exhibit withdrawal symptoms. In the presence of dependence, dosage should be reduced gradually.

Pregnancy: Use of any drug in pregnancy or lactation requires weighing potential benefits against hazards.

PRECAUTIONS: Total daily dosage above 1 Gm is not recommended for continued administration. In presence of pain, which may counteract the sedative effect of glutethimide, an analgesic should also be prescribed.

ADVERSE REACTIONS: Withdraw glutethimide if a generalized skin rash occurs. Rash usually clears spontaneously within a few days after withdrawal. Occasionally, a purpuric or urticarial rash may occur; exfoliative dermatitis has been reported rarely. With recommended doses, there have been rare reports of nausea, hangover, paradoxical excitation, and blurring of vision. Rarely, acute hypersensitivity reactions, porphyria, and blood dyscrasias (thrombocytopenic purpura, aplastic anemia, leukopenia) have been reported.

DOSAGE: To avoid oversedation, individualize dosage. Not recommended for children under 12.

Night-time sedation: 0.25 to 0.5 Gm at bedtime. Repeat dose if necessary, but not less than 4 hours before arising.

Daytime sedation: 0.125 to 0.25 Gm t.i.d. after meals.

Preoperative sedation: 0.5 Gm the night before surgery; 0.5 to 1 Gm 1 hour before anesthesia.

First stage of labor: 0.5 Gm at onset of labor. Repeat if necessary.

SUPPLIED: *Tablets,* 0.5 Gm (white, scored); bottles of 100, 500, 1000 and Strip Dispensers of 100.

Tablets, 0.25 Gm (white, scored); bottles of 100 and 1000.

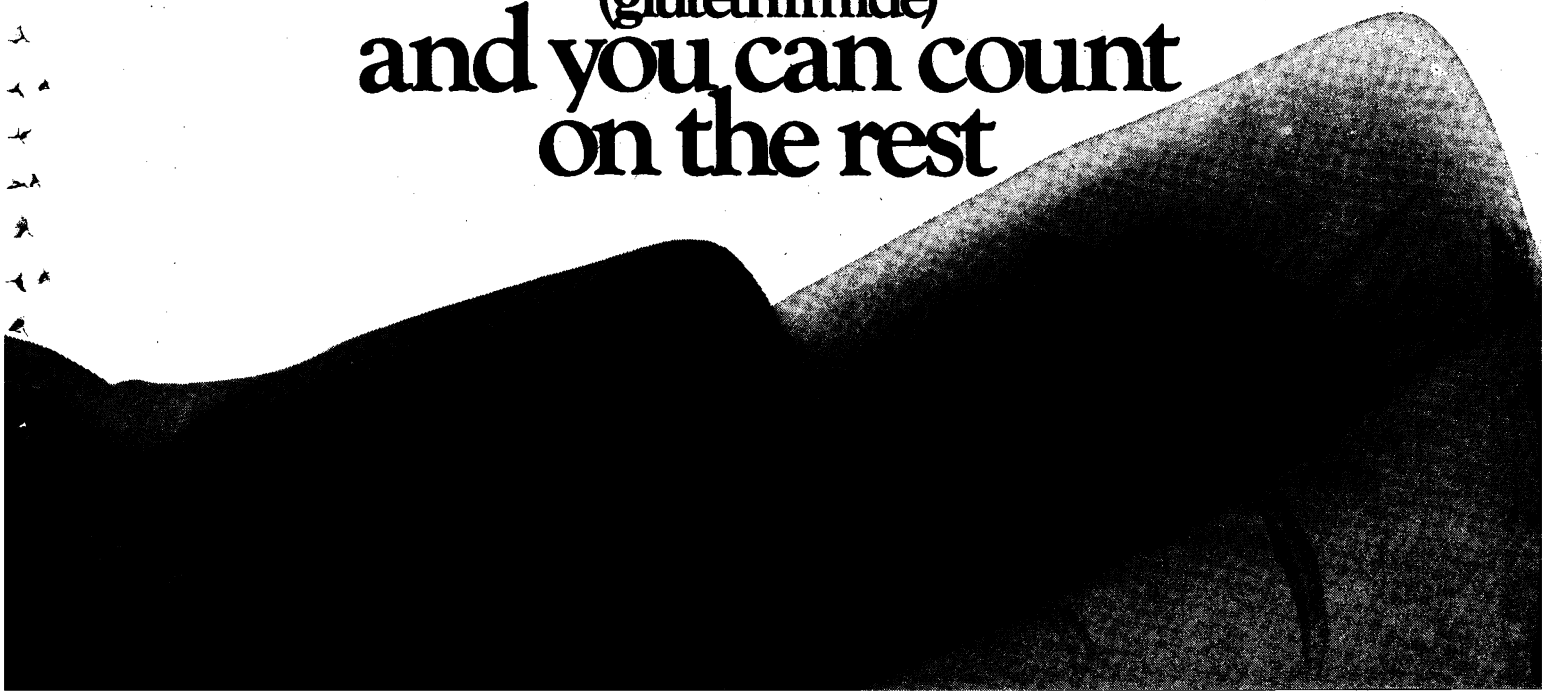
Tablets, 0.125 Gm (white); bottles of 100.

Capsules, 0.5 Gm (blue and white); bottles of 100. 2/4664 17

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

C I B A

Doriden®
(glutethimide)
and you can count on the rest



Introducing
K-LYTE®/CL

Each dose in solution supplies 25 mEq. potassium chloride

potassium supplement with chloride

The good-tasting way to treat hypokalemias induced by thiazide diuretics and other drugs...

Here, at last, is a potassium chloride supplement that just doesn't taste like one! The mixed fruit flavor of new K-Lyte/Cl is truly refreshing. Now, K-Lyte/Cl offers your patients all of the therapeutic advantages you expect from a potassium chloride supplement. And you can be sure that your patients will take the K-Lyte/Cl you prescribe—all in good taste.

Now you have a choice...

When extra chloride is not desired, original effervescent K-Lyte is unsurpassed in flavor, effective and safe in short- or long-term potassium supplementation. There is little chance of taste fatigue from K-Lyte with two delicious, effervescent flavors to alternate...fresh-tasting orange and sparkling lime.

K-Lyte® Each effervescent tablet in solution supplies 25 mEq. potassium as bicarbonate and citrate

K-Lyte®/Cl Each dose of powder in solution supplies 25 mEq. potassium chloride

Each tablet or dose must be completely dissolved before taking.

Indications: K-Lyte and K-Lyte/Cl are oral potassium supplements for therapy or prophylaxis of potassium deficiency. Particularly useful when thiazide diuretics or corticosteroids cause excessive excretory potassium losses. **Contraindications:** Impaired renal function with oliguria or azotemia; Addison's disease; hyperkalemia from any cause. **Warnings and Precautions:** Since the amount of potassium deficiency may be difficult to determine accurately, supplements should be administered with caution, and dosages adjusted to the requirements of the individual patient. Potassium intoxication rarely occurs in patients with normal kidney function. Symptoms of potassium intoxication are variable. They include listlessness, mental confusion, and tingling of the extremities. Frequent checks of the clinical status of the patient, ECG, and serum potassium level are desirable. In established hypokalemia, attention should also be directed toward other potential electrolyte disturbances. Potassium supplements should be given cautiously to digitalized patients. To minimize the possibility of gastrointestinal irritation associated with the oral ingestion of concentrated potassium salt preparations, patients should be carefully directed to dissolve each dose completely in the stated amount of water. K-Lyte/Cl contains 4.9 grams (20 calories) of sucrose per dose which should be considered for patients with restriction of caloric intake. **Adverse Reactions:** Nausea, vomiting, diarrhea, and abdominal discomfort may occur with the use of potassium salts. **Dosage and Administration:** Adults: 1 tablet or dose *completely dissolved*, 2 to 4 times daily, depending upon the requirements of the patient: K-Lyte: 1 tablet (25 mEq. potassium) in *3 to 4 ounces of cold or ice water;* K-Lyte/Cl: 1 dose (25 mEq. potassium chloride) in *6 ounces of cold or ice water.* The normal adult daily requirement is approximately 50 mEq. of elemental potassium. NOTE: *It is suggested that these products be taken with meals and sipped slowly over a 5-10 minute period.* **How Supplied:** K-Lyte: Effervescent tablets—boxes of 30 and 250 (orange or lime flavors). K-Lyte/Cl: Powder, cans of 30 measured doses with scoop (fruit-punch flavor). ℞

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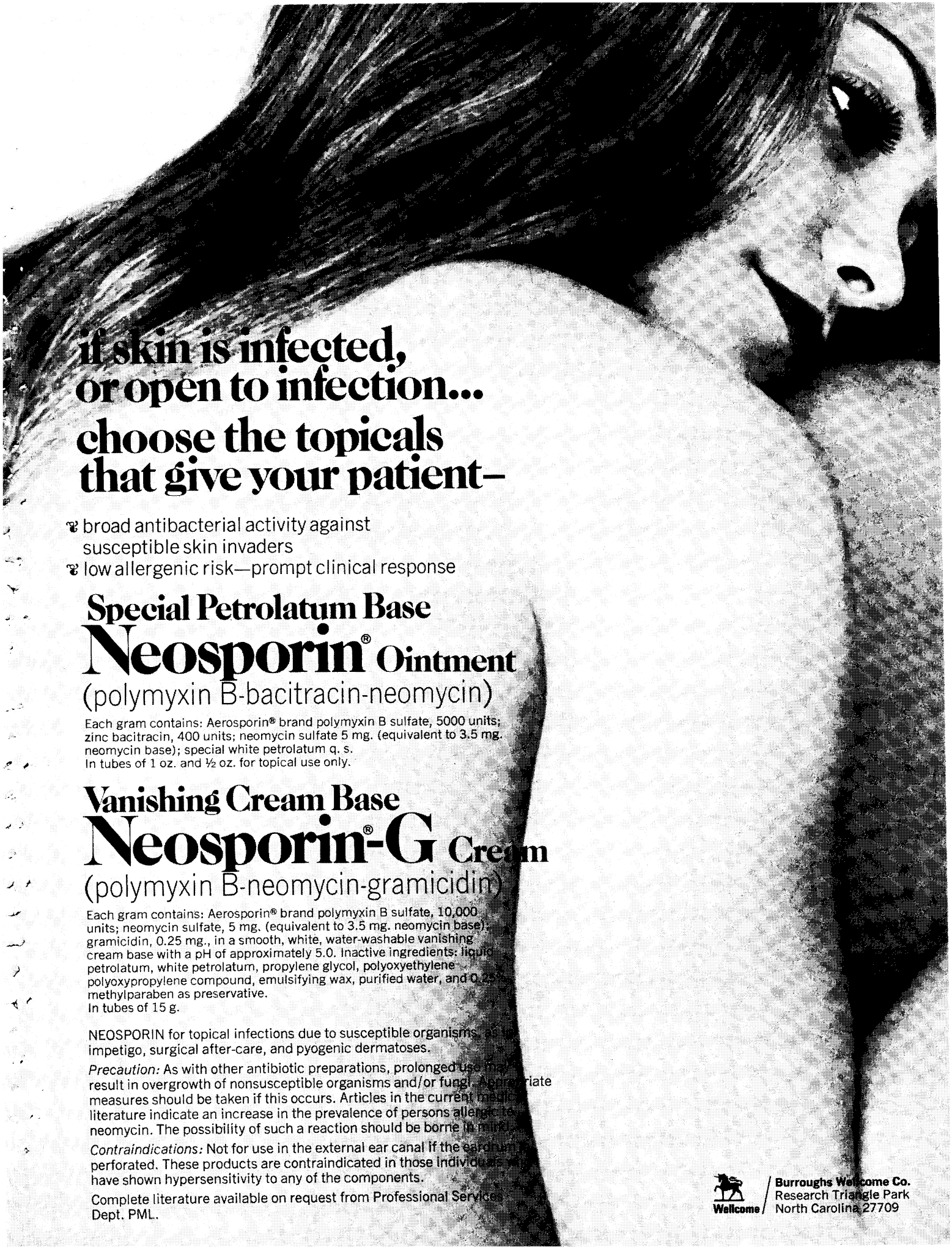

if skin is infected, or open to infection...

choose the topicals that give your patient–

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk—prompt clinical response

Special Petrolatum Base
Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 5000 units; zinc bacitracin, 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q. s.
In tubes of 1 oz. and ½ oz. for topical use only.

Vanishing Cream Base
Neosporin®-G Cream
(polymyxin B-neomycin-gramicidin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 10,000 units; neomycin sulfate, 5 mg. (equivalent to 3.5 mg. neomycin base); gramicidin, 0.25 mg., in a smooth, white, water-washable vanishing cream base with a pH of approximately 5.0. Inactive ingredients: liquid petrolatum, white petrolatum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, purified water, and 0.2% methylparaben as preservative.
In tubes of 15 g.

NEOSPORIN for topical infections due to susceptible organisms, as in impetigo, surgical after-care, and pyogenic dermatoses.

Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Services Dept. PML.

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Introducing...

New products to help improve patient care while providing more effective use of office time

The Rocom™ Medical Management System...

Rocom Health History System -- provides maximum screening information about the patient with a minimum expenditure of your time. Prior to your examination, the patient answers 129 carefully chosen questions arranged by body system. Only positive answers transfer through to the summary sheet. You get an immediate picture of the patient's current complaints with the assurance that all important screening questions are covered.

Rocom Medical Record System -- a simple but comprehensive method for keeping a complete record on every one of your patients. Permits you to review a patient's medical history in seconds and retrieve information quickly. Can be used with the "problem-oriented" method of keeping patient records. Color coding eliminates the likelihood of misplaced files. A disease cross-index card keeps track of all patients with the same disease. Well-kept records can be one of the greatest deterrents to malpractice suits. The Rocom Medical Record System helps protect your good name.

The new Rocom Medical Management System* can help you provide better care for your patients and, at the same time, make better use of your office time. In designing these products hundreds of doctors, nurses and receptionists were consulted about their particular office problems; and more than two years of development under actual office conditions proved that they actually do help solve these difficulties without upsetting existing routines.

Each component deals with a specific problem area -- health histories, medical records, the telephone, and scheduling appointments. They may be employed alone, in various combinations, or preferably, as the complete Rocom Medical Management System, depending on your own office situation.

Most physicians -- whether they practice alone or with a group -- will find one or more of these components useful. You are invited to obtain additional information about the Rocom Medical Management System by sending us the accompanying coupon.

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Rocom Telephone System -- a complete system; one that can be understood quickly by your newest office aide; one that permits your staff to answer specific patient questions with confidence; one that will make your practice more productive by assuring that you are interrupted only when you think it necessary. Self-adhesive backing assures that all incoming calls can become part of the patient's permanent record.

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*Created and developed by Patient Care Systems, Inc.

(Continued from page 32)

SANTA BARBARA, CALIF.—Unique ownership participation. Your medical practice rent payment can contribute to your equity build-up in established ultra-modern 20-suite medical center building with excellent location near hospitals. Beautifully finished suites available for immediate occupancy. Box 9262, Calif. Med.

FOR LEASE—San Jose—Willow West Medical Center. 1688 Willow Street, 2,340 square feet available. Air-conditioned. Prime residential/medical area. For information contact: Draper Financial Corp., Russ Building, San Francisco (415) 989-5600.

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SACRAMENTO—Exceptional opportunity. 850 sq. ft. office space facing tropical garden in new modern building. Great opportunity for GP, X-Ray and lab in building. Other suites occupied by ophthalmologist, orthopaedic surgeon, hand surgeon, surgeon and radiologist. For further info. Park Medical Building, 6945 Fair Oaks Blvd., Carmichael, Ca. 95608. (916) IV3-5011.

OFFICE TO SUB-LEASE for 14 months, fully equipped including x-ray equipment. Grade A office building. Rental price includes all equipment for period of lease. Glen H. Walker, M.D., 8350 Reseda Blvd., Northridge, Calif. 885-6151.

LA JOLLA SHORE office under construction. Divide to suit. Share waiting room with established dentist. Shores area without physician. Near new Veterans Hospital, Scripps Hospital, Scripps Clinic, & U. C. University Medical School. Emmett G. Welch, D.D.S., 2232 Avenida de la Playa, La Jolla, California 92037. Phone: (714) 454-5454.

SAN BRUNO, Modern Medical-Dental Suite, six rooms, located in a finest residential and business area. Off street parking. For lease. Call (415) 285-4408 evenings.

EQUIPMENT FOR SALE

COMPLETE TOP QUALITY General Electric 300 MA X-ray room with associated Kodak processor and all other necessary equipment to equip a two room X-ray diagnostic office. New equipment includes television monitor and cine. Other equipment in good condition. Kodak processor is new. The equipment has had very little use. Will lease or sell. Equipment available due to death. Contact P.O. Box 2075, Porterville, California.

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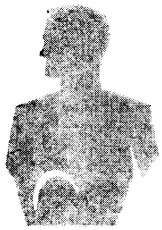

optional therapy

THE mudranes

All Mudranes are bronchodilator-mucolytic in action, and are indicated for symptomatic relief of bronchial asthma, emphysema, bronchiectasis and chronic bronchitis. **MUDRANE tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **Iodide side-effects:** May cause nausea. Very long use may cause goiter. Discontinue if symptoms of iodism develop. **Iodide contraindications:** Tuberculosis; pregnancy (to protect the fetus against possible depression of thyroid activity). **MUDRANE-2 tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline. **Iodide side-effects and contraindications are listed above. MUDRANE GG tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **MUDRANE GG-2 tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions:** Those for aminophylline. **MUDRANE GG Elixir.** Each teaspoonful (5 cc) contains 26 mg. glyceryl guaiacolate; 20 mg. theophylline; 5.4 mg. phenobarbital (Warning: may be habit-forming); 4 mg. ephedrine HCl. **Dosage:** Children, 1 cc for each 10 lbs. of body weight; one teaspoonful (5 cc) for a 50 lb. child. Dose may be repeated 3 or 4 times a day. Adult, one tablespoonful, 4 times daily. All doses should be followed with ½ to full glass of water. **Precautions:** See those listed above for Mudrane GG tablets.

MUDRANE—original formula

First choice

MUDRANE-2

When ephedrine is too exciting or is contraindicated

MUDRANE GG

During pregnancy or when K.I. is contraindicated or not tolerated

MUDRANE GG-2

A counterpart for Mudrane-2

MUDRANE GG ELIXIR

For pediatric use or where liquids are preferred

Clinical specimens available to physicians.

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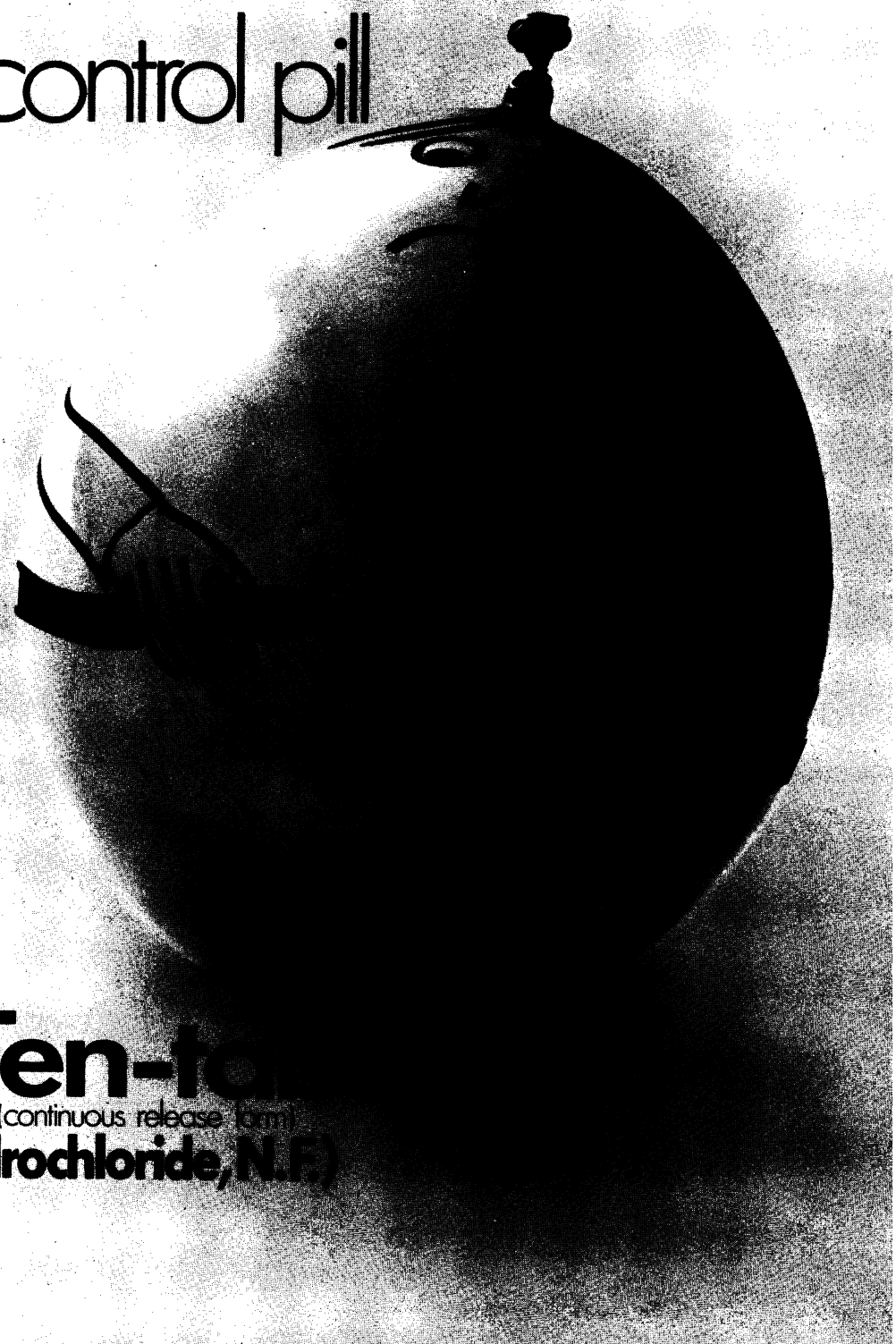
The girth control pill



Tepanil® Ten-tab
(continuous release form)
(diethylpropion hydrochloride, N.F.)

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause *CNS effects* such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic *cardiovascular effects* reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. *Allergic phenomena* reported include such conditions as rash, urticaria, ecchymosis, and erythema. *Gastrointestinal effects* such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

Merrell

MERRELL-NATIONAL LABORATORIES
Division of Richardson-Merrell Inc.
Cincinnati, Ohio 45215

Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

Merrell

MERRELL-NATIONAL LABORATORIES
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Cincinnati, Ohio 45215

1-3326 (2877)

Quinamm™ Specific therapy for night leg cramps

(quinine sulfate 260 mg., aminophylline 195 mg.)

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(*Formerly* WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ADOLESCENT MEDICINE

October 16-17—**Senescence and Adolescence.** See Of Interest to All Physicians, October 16-17.

ALCOHOLISM AND DRUG USE

January 8-9—**Drug Abuse.** UCSF. Saturday-Sunday.

CANCER

October 15-16—**Seventh Annual San Francisco Cancer Symposium.** Zellerbach Saroni Tumor Institute of Mount Zion Hospital and Medical Center at Sheraton-Palace Hotel, San Francisco. Friday-Saturday. The Interrelationship of the Immune Response and Cancer. $50. Contact: Jerome M. Vaeth, M.D., P.O. Box 7921, San Francisco 94120. (415) 922-3832.

October 23.—**Cancer Symposium.** Kaiser Foundation Hospital, Sacramento. Saturday. Cancer—An Overview, Hematological Diseases, Pharmacology and Use of Cancer Chemotherapeutic Agents, Role of Radiation Therapy, Management of the Terminal Patient, Cancer—It's not Really Hopeless. $5. 7 hrs. Contact: Bette Shephard, Continuing Education, Kaiser Foundation Hospital, 2025 Morse Ave., Sacramento 95825. (916) 486-5965.

November 13-14—**Seventh Annual Clinical Cancer Conference.** UCSF. Saturday-Sunday.

December 8—**Seventh Northern California Cancer Conference.** California Regional Medical Programs, Area II at Butte Creek Country Club, Chico. Wednesday. Contact: Leona Short, Assistant to the Coordinator, UCD School of Medicine, Regional Medical Programs, Davis 95616.

January 14-15—**Current Concepts in Medical Oncology—Third Annual Course.** Department of Medicine, Medical Cancer Service, Mount Zion Hospital and Medical Center at Sir Francis Drake Hotel, San Francisco. Friday-Saturday. Fundamental review of major concepts in oncology. Emphasis of controversies in the multimodality approach to cancer—surgery, radiation therapy, chemotherapy. Review of new concepts in supportive medical therapy, post-operative care, nutrition, pain, infections and effusions, psychological problems and supportive therapy for the dying patient, leukemias, lymphomas and other malignant diseases. Contact: Jay Gershow, M.D., Medical Cancer Service, Mount Zion Hospital and Medical Center, P.O. Box 7921, San Francisco 94120. (415) 567-6600.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.

STAN: Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

MEDICINE

October 16—**Clinical Problems in Gastroenterology.** Woodland Clinic Medical Group and Yolo County Chapter, California Academy of General Practice at Woodland Clinic, Woodland. Saturday. $5. 6½ hrs. Contact: Gerald F. Peppers, M.D., Woodland Clinic Medical Group, 1207 Fairchild Court, Woodland 95695. (916) 662-4641.

October 16-17—**Pediatric Neurology.** UCLA. Saturday-Sunday.

October 20—**Cardiology in the South Pacific.** USC on tour in the South Pacific. Three weeks through November 9.

October 21-23—**Rheumatic Disease: Clinical Progress and Current Concepts of Pathogenesis.** UCSF, Northern California Rheumatism Association, Southern California Rheumatism Society and Northwest Rheumatism Society at UCSF. Thursday-Saturday. Present state of knowledge of rheumatic disorders in terms of infectious and immunologic genetic and metabolic models, rheumatoid arthritis, systemic lupus erythematosus, ankylosing spondylitis, gouty arthritis and other arthropathies. Radiologic diagnosis, synovial fluid analysis diagnosis, practical aspects of regulation and selection of drug therapy. 15 hrs. Contact: UCSF.

October 23—**Workshop in Complex Arrhythmias.** PMC. Saturday.

October 23—**Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday. Third in a series of four workshops. $50.

October 24-27—**Electrocardiography Workshop Course for Cardiac Nurses and Physicians.** Heart Association of the Redwood Empire at Flamingo Hotel, Santa Rosa. Sunday-Wednesday. $75. Contact: Mrs. Phyllis Bogart, R.N., HARE, 4000 Montgomery Dr., Santa Rosa 95404.

October 27—**Management of the Uremic Patient.** LLU. Wednesday. $25. 8 hrs.

November 1-10—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. One and one-half weeks. Contact: Miss Mary Anne McInerny, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

November 1-19—**Coronary Care for Physicians Training Program.** Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three-week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid base metabolism, emphasis on practical techniques. $250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.

November 2-4—**Vector Cardiography.** USC. Tuesday-Thursday.

November 3 & 10—**Dermatology.** USC. Two Wednesdays.

November 3-7—**Nineteenth Annual Meeting on Reproductive Physiology.** Pacific Coast Fertility Society at El Mirador Hotel, Palm Springs. Wednesday-Sunday. $25. 22 hrs. Contact: Dee Davis, Exec. Sec., PCFS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

November 9-16—**American Heart Association.** Disneyland Hotel, Anaheim. One week. Contact: James M. Hundley, M.D., Exec. Dir., AHA, 44 E 23rd St., New York 10010. (212) 477-9170.

November 10—**Problem Solving in Extracranial-Intracranial Vascular Disease.** LLU. Wednesday.

November 10-12—**Respiratory Failure Workshop.** USC. Wednesday-Friday.

November 12-13—**Sixteenth Annual Medical Symposium—Renal Disease.** Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

November 14-15—**Third Annual Cerebral Function Symposium on Hemisphere Disconnection and Cerebral Function.** Annual Cerebral Function Symposium at Hotel del Coronado, Coronado. Sunday-Monday. Contact: W. Lynn Smith, Ph.D., Cortical Function Laboratory, Porter Memorial Hospital, 2525 S. Downing, Denver 80210. (303) 744-1955.

November 15-17—**Chest Diseases in Children.** UCSF. Monday-Wednesday.

November 17—**Current Advances in Diabetes.** LLU. Wednesday.

November 18-19—**New Concepts in Medicine.** California Hospital Medical Center, Los Angeles. Thursday-Friday. 13 hrs. Contact: Kenneth L. Senter, M.D., Dir., Medical Education, California Hospital Medical Center, 1414 S. Hope St., Los Angeles 90015. (213) 748-2411.

November 19-21—**Coronary Artery Disease and Cardiac Arrhythmias.** American College of Cardiology and University of Hawaii School of Medicine at Surf Rider Hotel, Honolulu. Friday-Sunday. Contact: Miss Mary Anne McInerny, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

December 1—**Differential Diagnosis and Management of the Jaundiced Patient.** LLU. Wednesday.

December 3-5—**Advances in Heart Disease—1972.** American College of Cardiology and UCD at Hilton Hotel, San Francisco. Friday-Sunday. Contact: Miss Mary Anne McInerny, Dir., Dept. of Continuing Education Programs, ACC, 1965 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

December 3-5—**Neurological Problems in Psychiatric Practice.** See Psychiatry, December 3-5.

December 4—**Electrical Safety in the Hospital.** STAN and the Association for Advancement of Medical Instrumentation at STAN. Saturday. Contact: Alfred P. Spivack, M.D., Division of Cardiology, STAN, or (415) 321-1300, ext. 5594.

December 5-7—**American Society of Hematology—Annual Meeting.** Hilton Hotel, San Francisco. Sunday-Tuesday. Contact: Stephen H. Robinson, M.D., Exec. Sec., ASH, Beth Israel Hospital, 330 Brookline, Boston 02215. (617) 734-4400.

December 8-11—**American Rheumatism Association—Annual Meeting.** Town and Country Hotel, San Diego. Wednesday-Saturday. Contact: Lynn Bonfiglio, Exec. Sec., ARS, 1212 Avenue of the Americas, New York 10036. (212) 757-7600.

January 8—**Myocardial Infarction.** PMC. Saturday.

January 11-13—**Medicine 1972.** USC. Tuesday-Thursday.

January 14-15—**Pulmonary Disease.** USC. Friday-Saturday.

January 15—**Diabetes.** PMC. Saturday.

January 20-23—**Fluid and Electrolyte Balance.** USC at El Mirador Hotel, Palm Springs. Thursday-Sunday.

January 22—**Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC, Saturday. Fourth in a series of four workshops. $50.

January 29—**Cardiopulmonary Emergencies.** PMC at Courthouse, San Luis Obispo. Saturday.

Continuously—**Medical Knowledge Self-Assessment Test Review.** PMC. June through October. Review of American College of Physicians' last Medical Knowledge Self-Assessment Test. 720 questions to be reviewed. October 9—Hematology, October 16—Renal Disease and Electrolytes.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on fourth Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases by instructors and guest lecturers. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Director, Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Coronary Care.** St. Francis Hospital of Lynwood, Lynwood. Second Thursday of each month, 7:30-8:30 p.m. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Fridays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens or current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry.** Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSPB, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—**Medico-Surgical Cardiovascular Seminar.** STAN at Fresno Community Hospital and Valley Medical Center, Fresno. Third Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 326-5600.

Continuously—**Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

October 28-30—**Obstetrics Review.** USC. Thursday-Saturday.

November 3-7—**Nineteenth Annual Meeting on Reproductive Physiology.** See Medicine, November 3-7.

November 13—**Fifth Annual Symposium—Gynecologic Endocrinology.** Northern California Obstetrical and Gynecological Society at Holiday Inn (South), Sacramento. Saturday. Contact: John N. Miller, Jr., M.D., 5301 F. St., Suite 106, Sacramento 95819. (916) 452-5089.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

October 16-17—**Pediatric Neurology.** See Medicine, October 16-17.

November 8-12 — **Pediatric Allergy — Workshop Course.** UCSF. Monday-Friday. $125. 32½ hrs.

November 15-17—**Lung Disease in Infancy and Childhood.** UCSF. Monday-Wednesday. The Growing Lung, Respiratory Distress Syndrome, Diseases of Infancy, Diseases of the Airways, Diseases of the Parenchyma. $150.

November 16-18—**Newborn Infant Care.** USC. Tuesday-Thursday.

November 20-21—**Health of the School Child.** UCSF. Saturday-Sunday.

January 21-23—**Second Workshop in Pediatric Otology.** UCLA. Friday-Sunday.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. 1 hr. Contact: B. M. Kagan, M.D., Cedars-Sinai Medical Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

October 16—**Psychiatry and the Hippie Culture.** UCSF. at Preston Hall, Presbyterian Church, Mendocino. Saturday. The Phenomenon of Self-Help in the Hippie Culture, Drugs—Are They the Cart or the Horse in Hippie Pathology, The Making of a Hippie, A Conservative View of the Hippie Culture. $20.

October 18-22—**Group Therapy Seminar.** UCSF at VA Hospital, Oakland. Monday-Friday. Personalized Exploration of Group Process, Marathon Groups, Videotape Observation, Color Marathon Racial Confrontation, Use of Role-Taking as a Training Technique, Recurrent Problems in Management of Treatment. $30 full program, $6 single day.

October 23-24—**Violent Death: Homicide, Suicide and the Mind of Man.** UCLA. Saturday-Sunday.

October 30—**What is the Future of Psychiatry.** UCSD. Saturday. $35. 6 hrs.

November 6—**Treatment of Families in Crisis.** UCSF at Stockton State Hospital, Stockton. Saturday. Family in Crisis, Family Evaluation and Intervention, Demonstration of a Family Interview. $15.

December 3-5—**Neurological Problems in Psychiatric Practice.** USC Division of Postgraduate Psychiatry at The Inn at Rancho Bernardo, San Diego. Friday-Sunday. $50. 15 hrs. Contact: Patricia R. Meyers, Division of Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

December 10-12—**Difficult Problems in Medicine.** USC Division of Postgraduate Psychiatry at Canyon Hotel, Palm Springs. Friday-Sunday. $50. 11 hrs. Contact: Charles W. Patterson, M.D. Division of Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

January 5—**Group Methods.** UCSF at V A Mental Hygiene Clinic, Oakland. Wednesdays through March 8.

January 27-30—**American College of Psychiatrists—Annual Meeting.** Hotel del Coronado, San Diego. Thursday-Sunday. Contact: Peter A. Martin, M.D., 857 Fisher Bldg., Detroit 48202.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, President, 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

November 3-5—**Nuclear Science Symposium.** IEEE Nuclear Science Group, Atomic Energy Commission, and NASA at Sheraton Palace Hotel, San Francisco. Wednesday-Friday. Contact: Keith A. More, Bendix Corp., 330 Plymouth Rd., Ann Arbor 48107.

November 6—**Radiotherapy Symposium—Carcinoma of the Breast.** Southern California Permanente Medical Group at Ambassador Hotel, Los Angeles. Saturday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

December 2-5—**Annual Winter Meeting—California Society of Pathologists.** Hotel del Coronado, San Diego. Thursday-Sunday. Hepatitis workshop, workshops on red cells and liver disease. Session on liver disease: liver problems of newborn infants, hepatitis testing, toxic alcoholic diseases of the liver. Contact: L. Miles Snyder, Exec. Dir., CSP, 1831 "I" St., Sacramento 95814. (916) 443-6744.

January 29-30—**Twenty-fourth Annual Midwinter Radiological Conference.** Los Angeles Radiological Society at Century Plaza Hotel, Los Angeles. Saturday-Sunday. Contact: Edward A. Behnke, M.D., 13303 E. Hadley, Whittier 90601. (213) 698-9926.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously—**Scintograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

October 15—**Rx and Dx of Knee Derangements.** UCSF and Mt. Zion Hospital and Medical Center at Mt. Zion Hospital and Medical Center, San Francisco. Friday. Functional Anatomy and Biomechanics of Knee, Technique of Procedure for Arthrography, Arthrographic Findings with Typical Demonstrative Films, Correlation of Arthrography with Clinical Findings, The Clinical Laboratory and Knee Problems, Weight Bearing and Stress Films, Osteotomy of Tibia, Prostheses, Fusion, $35.

October 28-30 — **Strabismus.** PMC. Thursday-Saturday. $125.

October 29—**Orthopaedics Symposium—Treatment of Degenerative Disease of the Knee.** Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Friday. Contact: Shirley Gach, Coordinator, Education and Research, SCPMG, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 663-8411.

November 6—**Painful Feet and Injured Ankles.** PMC. Saturday.

December 1-3—**Recent Advances in the Diagnosis and Management of Ocular Diseases.** UCSF. Wednesday-Friday. 12 hrs.

December 1-3—**Lower Extremity Fractures.** USC and American Academy of Orthopaedic Surgeons at Disneyland Hotel, Anaheim. Wednesday-Friday. Fractures of femoral shaft, fractures of the knee, ankle and tibia fractures. $150. Contact: USC.

December 4-5—**Total Hip Replacement.** UCLA. Saturday-Sunday.

December 11-12—**Electronystagmography.** PMC. Saturday-Sunday.

January 14-16—**Southern California Chapter, American College of Surgeons—Annual Meeting.** Biltmore Hotel, Santa Barbara. Friday-Sunday. 20 hrs. Contact: Virginia Connor, ACS, 184 N. Canon Dr., Beverly Hills 92010. (213) 271-0175.

January 17-21—**Intensive Course in Otologic Surgery.** Los Angeles Foundation of Otology, USC and St. Vincents Hospital at St. Vincents College of Nursing, Los Angeles. Monday-Friday. Lectures, televised surgery and motion pictures: chronic otitis media, otosclerosis, pediatric otology, glomus tumors, acoustic tumors, facial nerve paralysis and the dizzy patient. $300. 50 hrs. Contact: Los Angeles Foundation of Otology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

January 21-23—**Second Workshop in Pediatric Otology.** See Pediatrics, January 21-23.

January 23-26—**Theodor Billroth Course in Surgical Anatomy.** LLU. Saturday-Wednesday. $175.

January 24-26—**Society of Thoracic Surgeons — Annual Meeting.** Hilton Hotel, San Francisco. Monday-Wednesday. Contact: Mr. Walter G. Purcell, STS, 333 N. Michigan Ave., Chicago 60601.

January 28-30—**Tenth Clinical Conference in Pediatric Anesthesiology.** Childrens Hospital of Los Angeles, Los Angeles. Friday-Sunday. Practical anesthetic problems in the pediatric age group. $75. Contact: Wayne Herbert, M.D., Program Chairman, Childrens Hospital of Los Angeles, 4650 Sunset Blvd., Los Angeles 90054. (213) 663-3341.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72. ($50 for residents). Contact: J. Tonn, Managing Editor, OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. USCD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

October 16—**Recent Advances in the Management of Chronic Crippling Disease.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday. Surgical Treatment of the Rheumatoid Arthritic Hand, Newer Orthopedic Methods of Treatment of Chronic Lower Extremity Disabilities, Management of Joint Problems in Hemophilia, Conservative Management of the Chronic Back, Rehabilitation in the General Hospital, Management of Parkinsonism with L Dopa, The Place of Exercise Laboratory in the Management of Chronic and Pulmonary Disabilities, Palliative Radiotherapy for Malignant Disease, Tours to Exercise Laboratories, Betatron, Rehabilitation Unit. 6 hrs.

October 16-17—**Senescence and Adolescence.** UCSF at Napa State Hospital, Imola. Saturday-Sunday.

October 21-23—**Arizona Academy of General Practice Scientific Assembly.** Arizona Academy of General Practice and UCI at Bahia Motor Hotel, San Diego. Thursday-Saturday. Electrocardiography, Office Gynecology, Trauma, Dermatology, Examination of Openings, Psychiatry, Endocrinology. $100. 12 hrs. Contact: UCI.

October 27—**First Annual St. Vincent's Hospital Staff Symposium.** St. Vincent's Hospital, Los Angeles. Wednesday. Monitoring and Management of the Critically Ill Patient. Contact: Louis C. Bennett, M.D., Chmn., Symposium Comm., St. Vincent's Hospital, 2131 W. Third St., Los Angeles 90057. (213) 483-8000.

October 30—**Medicolegal Liability—Problems and Possible Solutions.** Palo Alto Medical Research Foundation and Palo Alto Medical Clinic at Rickey's Hyatt House, Palo Alto. Saturday. Contact: Kenneth Campbell, M.D., Palo Alto Medical Clinic, 300 Homer Ave., Palo Alto 94305. (415) 321-4121.

October 30-31—**Law in the Practice of Medicine.** UCSF at Fresno Community Hospital, Fresno. Saturday-Sunday.

October 30-31—**Community Hospital in TB Control.** UCLA at Los Angeles County Health Department Building, Los Angeles. Saturday-Sunday.

November 1-5—**Intensive Care.** STAN. Monday-Friday.

November 7-10—**California Academy of General Practice—Annual Meeting.** California Academy of General Practice at Masonic Auditorium, San Francisco. Sunday-Wednesday. Contact: William Rogers, Exec. Sec., CAGP, 9 First St., San Francisco 94105. (415) 982-6091.

November 10—**Combined Staff Conference.** San Joaquin General Hospital, Stockton. Wednesday. Current Problems in Use of Antimicrobics. Contact: J. D. Bernard, M.D., San Joaquin General Hospital, Stockton 95201. (209) 982-1800.

November 13—**Facial Pain.** PMC. Saturday.

November 13-14—**Financial, Tax and Investment Planning.** UCLA. Saturday-Sunday.

December 1—**Annual Postgraduate Assembly: How to Succeed in the Intensive Care Unit.** St. Luke Hospital of Pasadena and USC at Huntington-Sheraton Hotel, Pasadena. Wednesday. Contact: R. D. Pettit, M.D., Chairman, Postgraduate Assembly, 960 E. Green St., Pasadena 91101. (213) 449-1203.

January 6-7—**New and Old Antibiotics.** USC. Thursday-Friday.

January 13-14—**Southern Counties Regional Postgraduate Institute.** CMA, UCLA and Riverside County Medical Association at El Mirador Hotel, Palm Springs. Thursday-Friday. Contact: CMA.

January 13-14—**Drug Therapy.** UCSF. Thursday-Friday.

January 14-15—**Hospital Information Systems.** UCSF. Friday-Saturday.

January 23—**Medical-Legal Aspects: Symposium for Medical Assistants.** UCSF. Sunday.

January 24-30—**Family Practice Review.** UCI. One week.

January 29—**Symposium for Medical Assistants.** UCSD. Saturday. Contact: Thelma Colvin, 4122 S. Mt. Alifan Pl., San Diego 92111. (714) 278-0736.

January 21-February 5—**Family Practice Review.** UCI. One week.

Continuously—**Disease of the Month.** UCI. Second Saturday monthly. Endocrinology, Neurology, Cardiology, Hematology, Dermatology, Gastroenterology, Rheumatoid Disease. $175 entire course, $20 each session.

Continuously—**Dynamics of the Family—Psychiatry.** UCI at Orange County Medical Center, Orange. $200, September through June.

Continuously—**Inter-Hospital Conference.** UCSD. Radiology main conference room, UCSD. Participating hospitals from the San Diego area.

Continuously—**Postgraduate Medical Lecture Series—Riverside San Bernardino.** UCI and Riverside San Bernardino Chapter, California Academy of General Practice at Rams Horn Inn, San Bernardino. Monthly, September through May.

Continuously—**Ventura Hospital Program.** UCI and Ventura Hospital at Ventura Hospital, Ventura. Monthly, September through January.

Continuously—**Cources Practicum.** UCI at Orange County Medical Center, Orange. Two days per month, September through June. $35 per session.

Continuously—**Paradise Valley Hospital—Community Continuing Education Program.** UCSD, LLU and Paradise Valley Hospital General Practice Section at Paradise Valley Hospital, National City. Tuesday evenings, September-November. September 14—Investigation and Management of Patient with Anemia, September 28—Diabetes Management, October 12—Diagnosis and Management of Urinary Infections, October 19—Interpretation of Ventilatory Function Tests, October 26—Disorders of Bleeding and Clotting, November 9—Diagnosis and Management of Skin Problems. $40. 12 hrs. Contact: UCSD.

Continuously—**Basic Science Correlation in Disease.** VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

Continuously—**Medical Media Network.** Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Programs in: the Neurological Exam, Sex and Marriage Counseling, Nursing Care in the Emergency Room, Fluid and Electrolyte Balance, Chronic Obstructive Pulmonary Disease. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Communications Coordinator, MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—**Postgraduate Education Program—Harbor General Hospital.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: October-November. $50. 27 hrs. Contact: Malin Dollinger, M.D., Program Director, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, environmental radiation standards and nuclear power plants, overpopulation, abortion and contraception, technological problems of power generation in the United States, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and supersonic transport. Contact: John W. Farquhar, M.D., Assoc. Prof. of Medicine, STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

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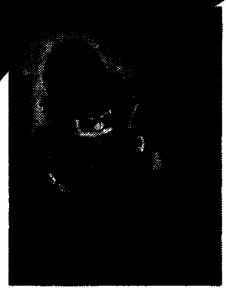

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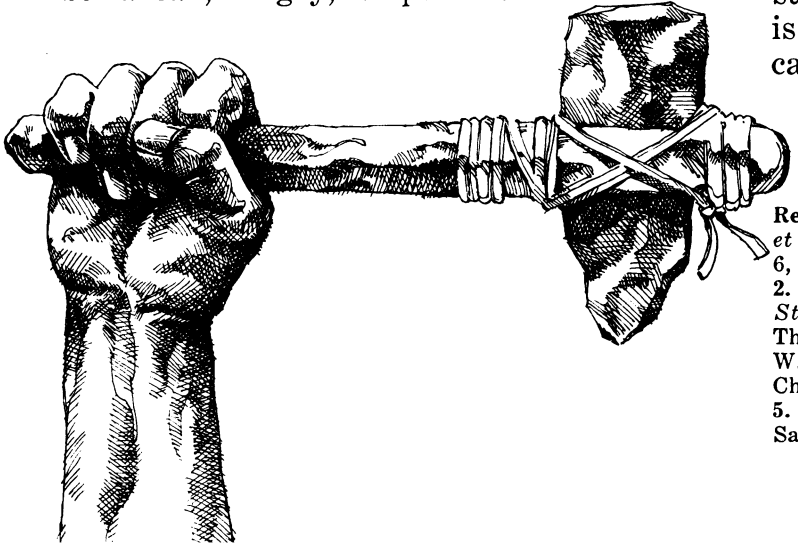
IF MORE MEN CRIED

At least seventy-five out of one hundred adults with duodenal ulcers are men.[1] Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."[2]

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."[2]

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."[3]

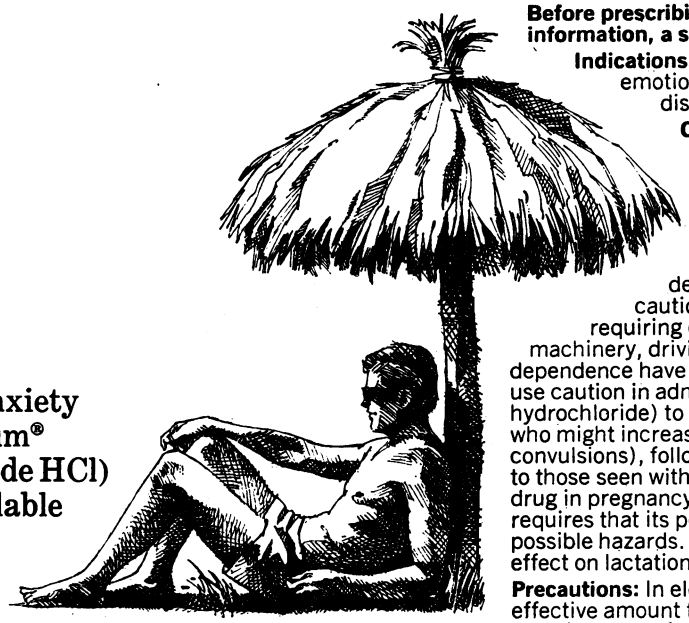


Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. Schottstaedt observes that when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.[4] Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.

Take away stress, you can take away symptoms. There is no question that stress plays a role in the etiology of duodenal ulcer. Alvarez[5] observes that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax.® For most patients, the rest cure is as unrealistic as it is desirable. Still, the stress factor must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that com-

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., *et al.* (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

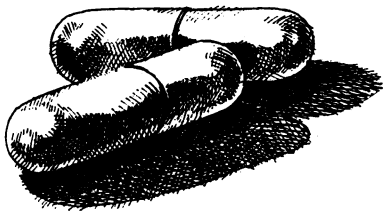


bines the antianxiety action of Librium® (chlordiazepoxide HCl) with the dependable antisecretory/ antispasmodic action of Quarzan® (clidinium Br).

Protects man from his own hungry personality. The action of Librium reduces anxiety—helps protect the vulnerable patient from the psychological overreaction to stress that clutches his stomach. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

An inner healing environment with 1 or 2 capsules, 3 or 4 times daily. Of course, there's more to the treatment of duodenal ulcer than a prescription for Librax. The patient—with your guidance—will have to adjust to a different pattern of living if treatment is to succeed. During this adjustment period, 1 or 2 capsules of Librax 3 or 4 times daily can help establish a desirable environment for healing.

Librax: It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate duodenal ulcer.
Librax: Rx #60 1 cap. *a.c.* and 2 *h.s.*



Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

in the treatment of duodenal ulcer

adjunctive Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

THE CALIFORNIA COLD RUSH OF '71

Meet it with Cerose® for coughs of colds

Exempt Narcotic

CEROSE® for relief of coughs due to colds, whenever an antitussive formulation having sedative, decongestant, antihistaminic, and expectorant actions is required

Each 5-cc. teaspoonful contains: codeine phosphate, 10.0 mg. (*Warning:* May be habit forming); phenindamine tartrate, 10.0 mg.; phenylephrine hydrochloride, 5.0 mg.; fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, grape-flavored base, alcohol 2½%

Non-narcotic

CEROSE-DM® for relief of coughs due to colds. It diminishes the cough reflex, promotes expectoration, and provides effective vasoconstriction and bronchodilatation. Contains non-narcotic dextromethorphan

Each 5-cc. teaspoonful contains: dextromethorphan hydrobromide, 10.0 mg.; phenindamine tartrate, 5.0 mg.; phenylephrine hydrochloride, 5.0 mg.; fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, mixed fruit-flavored base, alcohol 2½%

Exempt Narcotic

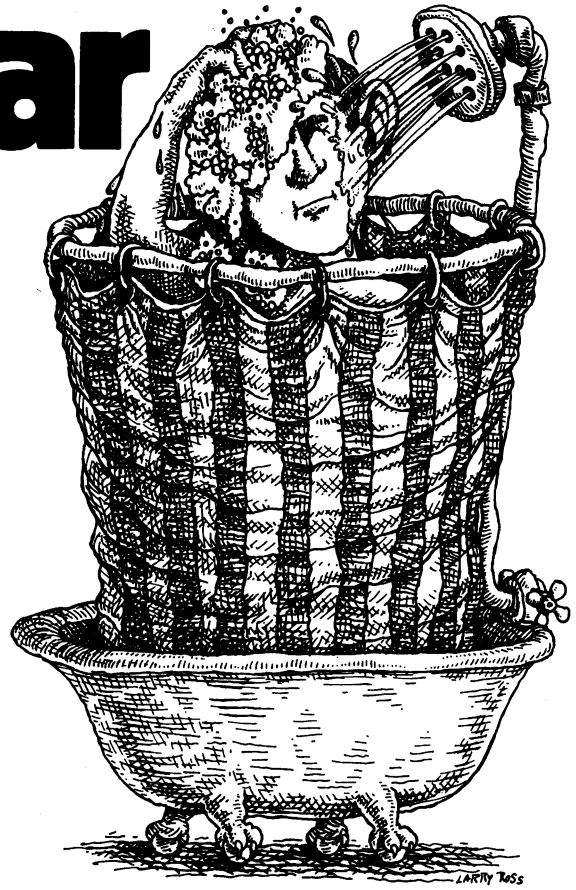
CETRO-CIROSE® for relief of simple coughs where a plain sedative-expectorant is required. An excellent vehicle for many other commonly employed adjunctive cough medications, as preferred by the physician

Each 5-cc. teaspoonful contains: codeine phosphate, 5.0 mg. (*Warning:* May be habit forming); fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, cherry-flavored base, alcohol 1½%

IVES LABORATORIES INC. Ives®
New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

"The year-round" ear



Otitis externa doesn't stop being a threat just because the swimming season is over. All year round, the external ear canal is exposed to infection and reinfection.

But whatever the predisposing cause of the external ear canal infection — at whatever time of the year — Coly-Mycin S Otic is equipped to treat infections due to sensitive organisms. Its comprehensive formula contains colistin and neomycin to destroy sensitive causative pathogens — gram-positive or gram-negative. Hydrocortisone to relieve itching and inflammation. And thonzonium bromide to help the active agents penetrate to the site of infection. So symptoms are alleviated promptly — usually within 24 hours.

Any day of the year.

COLY-MYCIN® S OTIC
with Neomycin and Hydrocortisone
(colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension)

Each ml contains: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

Indications: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long-standing otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

Supplied: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate–neomycin sulfate–thonzonium bromide–hydrocortisone acetate otic suspension) is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.

In otitis externa
Coly-Mycin® S Otic with Neomycin and Hydrocortisone (colistin sulfate — neomycin sulfate — thonzonium bromide — hydrocortisone acetate otic suspension)

The "year-round" otic for the "year-round" ear

CMO-GP-11-B/W

WARNER-CHILCOTT, Morris Plains, New Jersey 07950

When Strains and Sprains Strike...

Strike Back with Norflex

NORFLEX® ONE TABLET B.I.D.

(ORPHENADRINE CITRATE)

Relaxes skeletal muscle spasm and tension. No generalized muscle weakness. Relieves associated pain and rigidity. Restores mobility. Returns patient to normal activities. Convenient, economical. 1 tablet (100 mg.) b.i.d. dosage.

Contraindications: Contraindications for Norflex are generally related to the anticholinergic action of orphenadrine. Norflex should not be used in patients with glaucoma, pyloric or duodenal obstruction, stenosing peptic ulcers, prostatic hypertrophy or obstruction at the bladder neck, cardiospasm (megaesophagus) and myasthenia gravis. It should be used with caution in patients with tachycardia.

Since mental confusion, anxiety and tremors have been reported in patients receiving orphenadrine and propoxyphene concurrently, it is recommended that Norflex not be given in combination with propoxyphene (Darvon®).

Norflex is contraindicated in patients who have demonstrated a previous hypersensitivity to the drug.

Warnings: Some patients may experience transient episodes of lightheadedness, dizziness or syncope.

Norflex may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; ambulatory patients should therefore be cautioned accordingly.

Use in Pregnancy: Safe use of Norflex has not been established with respect to adverse effects upon fetal development. Therefore, Norflex should be used in women of childbearing potential and particularly during early pregnancy only when in the judgment of the physician the potential benefits outweigh the possible hazards.

Safety and effectiveness in children have not been established; therefore, this drug is not recommended for use in the pediatric age group.

Precautions: Norflex should be used with caution in patients with cardiac decompensation, coronary insufficency, cardiac arrhythmias, and tachycardia.

Safety of continuous long term therapy with Norflex has not been established. Therefore, if Norflex is prescribed for prolonged use, periodic monitoring of blood, urine, and liver function values is recommended.

Adverse Reactions: Side effects of Norflex are mainly due to the mild anticholinergic action of orphenadrine, and are usually associated with higher dosage. Dryness of the mouth is the first side effect to appear. When the daily dose is increased, possible side actions include: tachycardia, palpitation, urinary hesitancy or retention, blurred vision, dilatation of pupils, increased ocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness, hypersensitivity reactions, pruritus, hallucinations, agitation, tremor, gastric irritation, and rarely urticaria and other dermatoses. Infrequently, an elderly patient may experience some degree of mental confusion. These adverse reactions can usually be eliminated by reduction in dosage. Very rare cases of aplastic anemia associated with the use of Norflex tablets have been reported. No causal relationship has been established.

Dosage and Administration: Two tablets per day for adults: one in the morning and one in the evening. Norflex-Injectable: Average adult dose: 1 ampul—2 ml. (60 mg.). Intravenously and intramuscularly—May be repeated every 12 hours. Relief may be maintained by 1 Norflex Tablet twice daily.

How Supplied: Bottles of 50 and 500 tablets, each tablet containing 100 mg. of orphenadrine citrate. ***Norflex-Injectable:*** Boxes of 6 and 50 ampuls, each ampul contains 2 ml. of an aqueous solution of orphenadrine citrate, 30 mg. per ml., made isotonic with sodium chloride.

For full information, see Package Insert or P.D.R.

Riker Laboratories, Inc.

NORTHRIDGE, CALIFORNIA 91324

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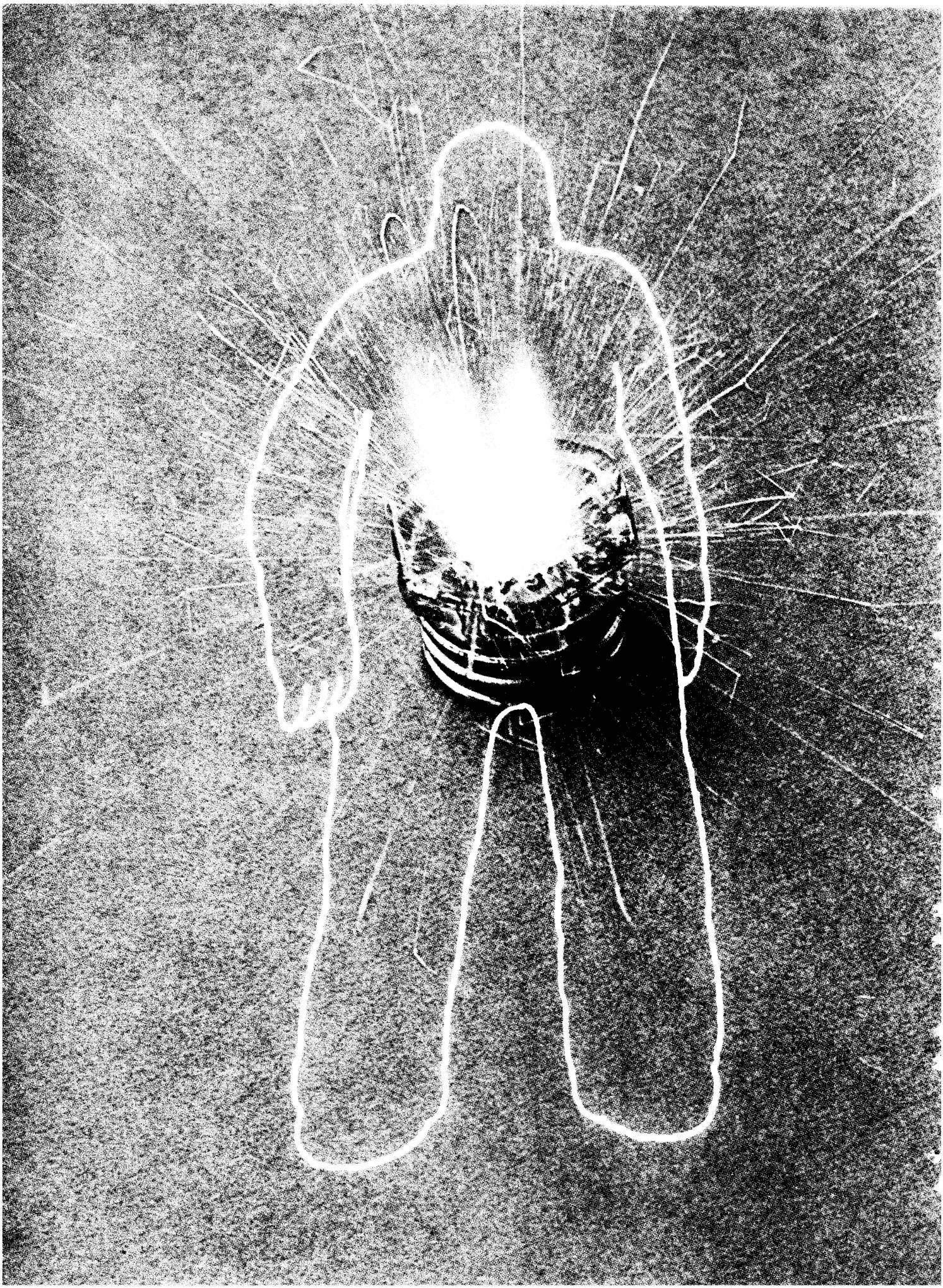
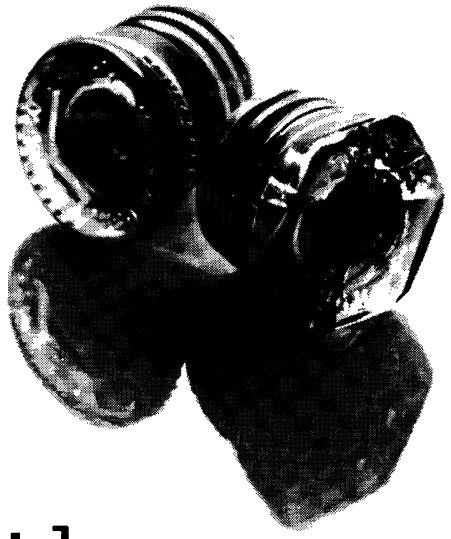


Break the ulcer circuit to hyperacidity, hypermotility and ulcer pain.



Pro-Banthine®
propantheline bromide
A Relief Factor in Peptic Ulcer

Worry, frustration, job pressure—all set up excessive vagal currents in patients with peptic ulcer.

Pro-Banthine "insulates" the stomach, the duodenum and the lower intestinal tract—the sites where these destructive currents take their toll.

This "insulation" helps block excessive enteric activity and acidity, thus helping to provide the proper environment for the healing of peptic ulcers.

It's nice to know that Pro-Banthine provides this protection at a dosage that causes little or no discomfort and that, unlike ataractic agents, Pro-Banthine does not cloud the patient's awareness or thought processes.

By moderating excessive vagal currents Pro-Banthine relieves spasm, acid burn and pain. By reducing gastric motility Pro-Banthine also prolongs the activity of antacids.

Indications: Peptic ulcer, gastroenteritis, pylorospasm, biliary dyskinesia, functional hypermotility and irritable colon.
Contraindications: Glaucoma, severe cardiac disease.
Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.

Side Effects: The more common side effects, in order of incidence, are xerostomia, mydriasis, hesitancy of urination and gastric fullness.

Dosage: The maximal tolerated dosage is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthine is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

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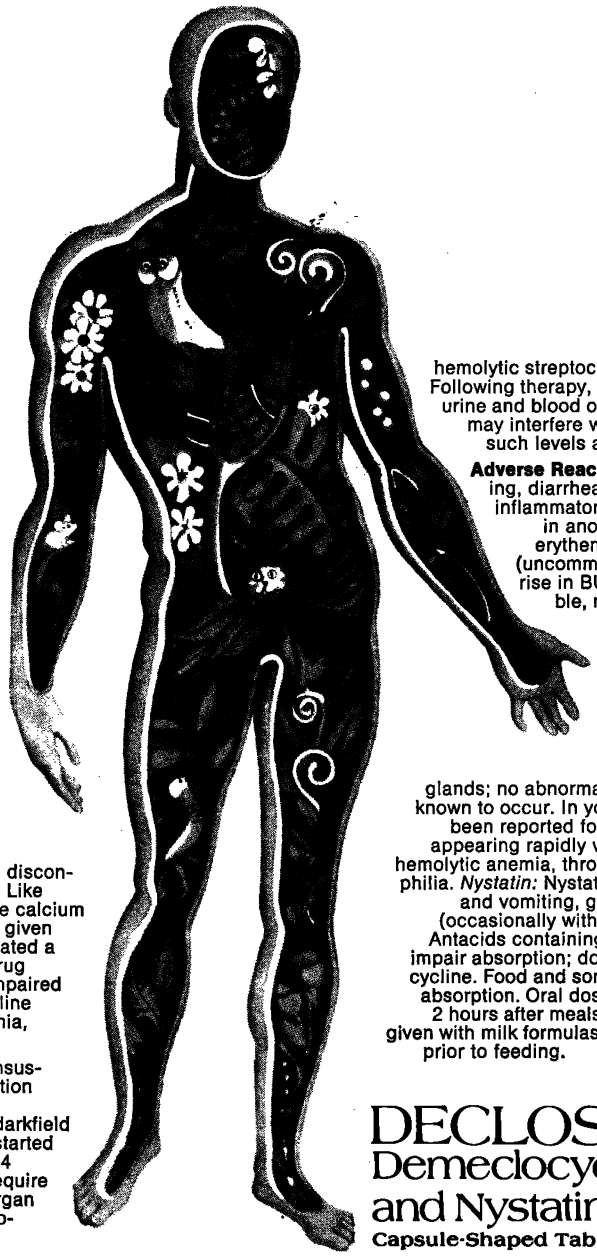
SEARLE *Research in the Service of Medicine*
Distributed by G. D. Searle & Co., P. O. Box 5110, Chicago, Illinois 60680

HUMAN ECOLOGY

Human beings are ecosystems, inhabited by populations of microorganisms. When antibiotics alter the balance of these populations in the G. I. tract, monilial overgrowth can ensue. The Nystatin component of DECLOSTATIN is present to help control such overgrowth. DECLOSTATIN is particularly relevant for treatment of bacterial infection caused by sensitive organisms in such monilia susceptible patients as diabetics, the elderly or debilitated, and others with a history of moniliasis.



Actions: Tetracyclines are active against a wide range of gram-negative and gram-positive organisms. Nystatin is an antifungal agent against *Candida* (monilia) *albicans.*

Contraindications: Hypersensitivity to any tetracycline or nystatin.

Warnings: The Use of Drugs of the Tetracycline Class During Tooth Development (Last Half of Pregnancy, Infancy and Childhood to the Age of 8 Years) May Cause Permanent Discoloration of the Teeth (Yellow-Gray-Brown). This Adverse Reaction is More Common During Long-Term Use of the Drugs But Has Been Observed Following Repeated Short-Term Courses. Enamel Hypoplasia Has Also Been Reported. *Tetracycline Drugs, Therefore, Should Not be Used in This Age Group Unless Other Drugs Are Not Likely To be Effective or Are Contraindicated.* In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Phototoxic reactions, characterized by severe burns of exposed surfaces, can result from direct exposure to sunlight during therapy with moderate to large doses of demeclocycline. Advise patient of this reaction to sunlight or ultraviolet light, and discontinue treatment at first evidence of skin erythema. Like other tetracyclines, demeclocycline forms a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis.

Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least 4 months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Following therapy, persistence for several days in both urine and blood of bacteriosuppressive levels of drug may interfere with culture studies. Do not consider such levels as therapeutic.

Adverse Reactions: *G.I.:* anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. *Skin:* maculopapular erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity. *Renal toxicity:* rise in BUN, dose-related. Transient, reversible, nephrogenic diabetes insipidus with excessive thirst and polyuria (rare). *Hypersensitivity reactions:* urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given over prolonged periods, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. *Blood:* hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. *Nystatin:* Nystatin has been associated with nausea and vomiting, gastrointestinal distress and diarrhea (occasionally with large doses). *Concomitant therapy:* Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patient taking oral tetracycline. Food and some dairy products also interfere with absorption. Oral doses should be given 1 hour before or 2 hours after meals. Pediatric oral doses should not be given with milk formulas, but should be given at least 1 hour prior to feeding.

DECLOSTATIN® 300
Demeclocycline HCl 300mg and Nystatin 500,000 Units

Capsule-Shaped Tablets Lederle

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

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